

The *Art* of *Hypnosis*

Mastering Basic Techniques



C. R O Y H U N T E R
M.S., C.Ht.

OTHER books by Roy Hunter:

The Art of Hypnotherapy

Self-Hypnosis for Empowerment

Success Through Mind Power

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ISBN 0-7872-2524-X

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Printed in the United States of America
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DEDICATION & ACKNOWLEDGEMENTS

This book is dedicated to the many thousands of people devoting their careers to help empower their clients through the art of hypnosis, and to all who believe in the benefits of hypnosis to facilitate positive change.

I owe a debt of gratitude beyond words to my late mentor and friend, Charles Tebbetts, for his guidance and priceless encouragement--not only for my work as a hypnotherapist, but also for my teaching professional hypnotherapy. I also wish to thank Dr. Dwight Damon for encouraging me to write this book. Special recognition and appreciation is also in order for Jonathan Chang, M.D., who valued this book enough to take time out of his busy schedule and contribute the artwork for the first edition.

And finally, my deepest gratitude goes to Jo-Anne, my wife, for her willingness to share so many hours of my time with all of you who read this book. Her love and support helped make this book a reality, and she well deserves to share my success.

Roy Hunter

Thanksgiving Day, 1993

Postscript (May 1, 1996): Additional thanks are in order for all the professionals who have read and endorsed this book, as well as to all those responsible for the first edition selling out so quickly after coming off the press in late 1994.

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Preface

by Ormond McGill, Ph.D.

It would be fun to say this is a spooky and mysterious book; but that would not be true, as it is a highly informative and scientific text about an *important* subject that is daily gaining increasing recognition--and is of personal value to everyone: *HYPNOTHERAPY*.

This book is written by a man who is an expert in this field, and was specially selected to carry on the work of a "grand master of hypnotherapy," the late beloved and esteemed Charles Tebbetts.

Charles Tebbetts was a master teacher and contributor to the art/science of hypnosis; and his protege, Roy Hunter, is remarkably skilled to carry on his work, of which this book is positive proof.

Today hypnosis is no longer shrouded in shadows, but in the bright light of understanding it is recognized as a remarkable means of controlling man's greatest gift: *the human mind*.

Mind is a process of producing thoughts, and when under the owner's perfect control it can lead to joyful living and heights of genius. The classic quote says: "*As a man thinketh in his heart, so is he.*"

Roy Hunter has wonderfully contributed to the profession of hypnotherapy in this book, which in clear language all can easily comprehend, he explains what

hypnosis is, how to induce it, and how to use this unique state of mind for benefit in countless ways.

Roy Hunter brings the understanding and practical use of hypnosis up-to-date. Just check the contents and you will instantly know the value of the book you hold in your hands.

Read it from cover to cover. You will not only learn about the *Art of Hypnotherapy* via the Charles Tebbetts methodology; you will also learn how to avoid being mastered by your mind, and instead will learn how to become a Mastermind.

Ormond McGill, Ph.D.
Palo Alto, CA
April 27, 1996

Introduction

by John W. Veatch, Ed.D.

Much, perhaps too much, has been written about hypnosis: what it is or is not; whether it is or is not possible to hypnotize another person, or become hypnotized yourself; whether it is good or evil--or whether or not it even exists. (Denying the existence of hypnosis is a little like denying that the sun rises in the East, or that the world is round.) Fortunately today, the use of altered states of consciousness is commonplace by those who practice healing arts. The benefits of hypnosis to physical, mental and spiritual health and well being are well documented. But still, most people lack an understanding of what this "altered consciousness" is or how it can be used by all people to better their lives. I can relate to this lack of knowledge.

The mental state, or condition known as "hypnosis" first began to fascinate me in the 1930's when my Saturday Serial at the movies changed from an endless stream of cowboys and Indians to "Chandu the Magician." Here was a miracle worker who championed right with his amazing mental powers rather than bullets and muscle. As the smallest and youngest in my class I could really relate to his skills. By waving his hands or pointing a finger or two, Chandu could make men see what did not exist or read their minds to gain the information he needed to accomplish the "right thing" or save someone from a fate worse than death. He became my idol and I wanted to be able to do the things he did.

I already knew about the power of the human mind. I had for years had "night terrors"--terrible nightmares which left me screaming, sweating and breathless. I actually fought going to sleep, for I knew the consequences. But in the second grade my idol had been "Cowboy Bob," the superhero of a series of books I read during summer vacation. Cowboy Bob was a good sleeper. At the end of his day he took his saddle from his horse, laid it on the ground, pulled up his blanket, and immediately fell asleep dreaming pleasant dreams. I knew in my heart that I could be like him so my pillow became my saddle. In my mind I became Cowboy Bob and I followed his routine. In less than a week I learned to go to sleep easily and quickly, dreaming pleasant dreams--and never again having nightmares.

Armed with this learning experience I believed I could also be like Chandu and began to study HYPNOTISM. I ordered books, pamphlets, pendulums, etc., etc., from every catalogue or advertisement I could find. I experimented with myself and friends. Needless to say, I never learned to read someone else's mind, put such person or myself into a "trance," nor get anyone to follow my commands. But my avid reading did give me a knowledgeable history of physical, mental and emotional healing--all involved with a special state of human consciousness. I came to understand that this must be a natural thing, a gift that allowed the body to reduce or control pain, stop bleeding, heal blistered burns, cure diseases; and the list of miracles seemed endless. I was determined to learn the secret. Unfortunately, no one writing at that time had the knowledge to explain the mysteries surrounding those events. I remained "tranceless."

Years later, in graduate school, I met a psychiatrist who used hypnosis in his practice. From him I learned self-hypnosis and the techniques that allowed me to teach others how to use this marvelous tool. For years I have helped both

family and friends--as well as clients--to alter their consciousness for pain relief, personal growth, accelerated learning, and many other positive uses. I have also taught other professionals how to use this tool to help their patients and clients.

This book has been written for those individuals who wish to improve their quality of life as well as for those who wish to use this tool to help others improve their own quality of life.

Roy Hunter, a master hypnotist and teacher/trainer of hypnosis, has the knowledge and skill to penetrate the "mystery of hypnosis." Roy will explain in his own inimitable style, what hypnosis is and what it is not, and how you will benefit by using it in your life. I encourage you to learn to develop this natural ability using the techniques Mr. Hunter so skillfully explains.

Mastering the art of hypnosis can help you learn how to master the events in your life, live stress-free, control pain, keep a positive attitude, heal faster, learn rapidly, and help others. You can learn the secrets of the ancient masters and apply them in the present.

John W. Veatch, Ed.D.
Director of Education
Sullivan Center, Puyallup, WA



Chapter 1

Overview

Charles Tebbetts--a living legend--demonstrated what he taught:

"All hypnosis is self-hypnosis. If you follow my simple instructions, no power on earth outside yourself can keep you from being hypnotized..."

Following these words, countless numbers of people proceeded to experience what Mr. Tebbetts called *Miracles on Demand*. Many lives were profoundly improved; and those of us who were privileged to study hypnotherapy directly under the "grand master" of hypnosis found our lives forever touched.

The Purpose of This Book

What is it about the Charles Tebbetts Hypnotism Training Course that inspires me to continue teaching the Tebbetts methodology when there are so many other good training courses available today? The answer is contained within these pages.

The purpose of this book is to help you master the art of hypnosis using the same legendary techniques taught by the late "grand master" himself, *enhanced and modified by my experience and presented in my style: as taught to my own students at Tacoma Community College since 1987*. And since this author finds it easier to communicate in the first-person format, the reader will notice that I do so frequently throughout this book. (My former mentor did likewise.)



Several hypnotherapists urged me to write this book originally because *Miracles on Demand* (written by Charles Tebbetts) was no longer available as of October, 1993. Something needs to be put in print to preserve Charlie's work; and events of the past few years apparently have made me the best candidate for this. Dr. Dwight Damon (the president of the National Guild of Hypnotists) agreed, and encouraged me to write it, and you have the result in your hands.

The Charles Tebbetts Hypnotism Training Course is taught in three parts; so this work is likewise divided into three parts. My originally conceived title for this work was: *The Art of Hypnosis: The Charles Tebbetts Methodology as Taught by Roy Hunter*. (I've changed the title twice since.)

Furthermore, as the true artist is more interested in how to master an art than in understanding why it works, this book strays from the usual writing style of textbooks. Rather than being written like just another research paper, it is written in my own writing style--with the techniques of Charles Tebbetts presented as I teach them to my own students. Also included are opinions of my former teacher and mentor, as well as my own opinions--which are based on *experience* rather than relying on scientific research alone. In addition, it is my wish to keep the language easy to understand, just as my teacher taught in a friendly, easy-to-understand style. I hope you'll find this to be a fresh, new approach to learning.

With every class I begin at Tacoma, I present a brief overview of the entire course and preface my remarks with some words about my former mentor; so I'll do likewise here.

Who Was Charles Tebbetts?

Dr. John C. Hughes, Research Editor of the National Guild of Hypnotist's international publication entitled *The Journal of Hypnotism*, referred to Charles Tebbetts as one of the "grand masters" of hypnosis. In 1990 he was honored and

inducted into the International Hypnosis Hall of Fame for lifetime achievement. Charles Francis, author of *Counseling Hypnotherapy*, states that Mr. Tebbetts "was generally considered the oldest and most experienced hypnotherapist in the world" prior to his passing (page 152). Additionally, he was respected from coast to coast by members of all the large professional hypnotherapy associations, where he frequently presented his legendary *parts therapy* techniques.

With over six decades' experience in the art of hypnosis, Mr. Tebbetts--who mastered many rapid-change client-centered techniques--taught that *all hypnosis is self-hypnosis*. In fact, Benjamin Franklin could be credited with reaching this same conclusion in the late 1700's, observing that Anton Mesmer's patients were responding because of what was taking place in their own imaginations rather than because of any "mystical" power that Mesmer had. In other words, if the power was in the minds of Mesmer's patients, then he was only facilitating their own self-mesmerism! Yet most people since Mesmer still believe that the hypnotist has some "power" over others, rather than accepting the reality that a hypnotist is only a practitioner skilled in the art of guided self-hypnosis. And even today, those seriously interested in hypnosis still tend to research it as a "science" rather than recognizing it as an art.

Mr. Tebbetts also believed that if the person facilitating hypnosis really mastered hypnosis as an *art*, then the likelihood of client resistance would be diminished. Not only did he often have profound results with clients, he also taught hypnotherapy in a way that made him a living legend prior to his passing.

One of the most unique professional qualities about the Charles Tebbetts I knew was the way he endeavored to *make things simple*. He felt this was the best way to use hypnosis; and so do I, as should be evidenced by this book.

He believed that a client-centered therapist mastering a variety of simple techniques could be far more effective than the scholar of hypnosis who fails to create rapport with the client even though he/she might have a wealth of knowledge about scientific research in various applications of hypnosis.

While science tends to walk with a microscope, most clients are more interested in results than getting bogged down with labels and scientific *why's*, etc. Thus, Mr. Tebbetts believed that some of the most simple concepts, once communicated effectively to the subconscious, could bring about some of the most profound changes in people's lives. And he proved this time after time in his class at Edmonds, Washington, with the way he demonstrated his mastery of the art of hypnosis.

Originally he became interested in hypnosis while playing in a band and observing a stage hypnotist; eventually doing the show himself when the hypnotist was unable to perform. This began a lifetime career of hypnosis, interwoven with other careers until he got into middle age. After studying hypnosis seriously in Southern California, he set up a full-time practice. Eventually he moved to Edmonds, Washington, where he taught professional hypnotism until the end of 1991. (It was in 1987 when he first decided to expand his hypnotism training course to another city by asking me to teach it under his supervision.) Then, in 1992, he moved to Arkansas where he spent most of his final months.

His passing took place among his peers in August that same year, at the annual convention of the National Guild of Hypnotists. He was scheduled to present a workshop on his legendary *parts therapy* techniques, but suffered a heart attack. He asked me to present in his behalf, and then passed on while I was yet quoting his words at his workshop. This was a very emotional experience for me; and I consider it an honor that Mr. Tebbetts asked me to continue his teachings.

By providing a written record of how I both utilize and teach the rapid change techniques of Charles Tebbetts, as enhanced through my own professional experience, it is my hope to preserve my late mentor's teachings into the 21st Century and beyond. My original belief was that I could put the entire course into one book divided into three parts--but because of the length of the first book on *mastering basic techniques*, it seemed appropriate to publish this as a separate book about the basics. The result is in your hands.

Now let me summarize the objectives of each part of the Charles Tebbetts Hypnotism Training Course as I teach it at Tacoma Community College.

Part I: Basic Hypnosis Training

The primary objective is to help the student of hypnosis to *master basic skills and knowledge* in the art of hypnosis.

We must learn to walk before we can learn how to run and do other exercises; and the same is true with hypnosis. One must master the *ART OF HYPNOSIS* before effectively using hypnotic techniques to help people change habits and achieve goals--hence the title for this book.

Basic techniques must be learned and mastered before learning the effective use of hypnotherapy techniques, because of a simple truth. *All hypnotherapy employs the use of hypnosis; but not all hypnosis is hypnotherapy.*

The BASIC course, as taught by Charles Tebbetts in the 1980's, was simplified and easy to learn. He incorporated suggestibility tests to help prepare a client for hypnosis. He categorized all hypnotic inductions into six basic induction types, and taught enough induction techniques to incorporate all six types. I still endeavor to keep it simple.

The hypnosis student then learned several deepening techniques as well as several hypnotic "convincers" to help the client believe in the hypnotic experience.

The student now learned how to give effective non-therapeutic post-hypnotic suggestion as further evidence to the client that he/she really did experience hypnosis, and got an overview of how to construct suggestions. Also included was a class on self-hypnosis.

Woven throughout were opinions and concepts based on several decades of experience. I've added these where appropriate, and have devoted Chapter 11 of this book exclusively to some of the basic ones my mentor emphasized.

He only briefly discussed hypnosis history, encouraging us to study on our own; but I included a history chapter.

Since an art must be experienced in order to be learned, Charlie emphasized practice to help develop confidence and competence. In light of this, the reader of this book is encouraged to seek actual "hands on" training in hypnosis rather than simply relying on books alone for learning and mastering the art of hypnosis, ESPECIALLY if there is any intention of using hypnosis for therapeutic purposes.

At Tacoma Community College, in addition to adding some historical background on hypnosis, I discuss ethics, legalities and potential dangers--and have also included them in this book. I've also added the important "hypnotic formula" to the very first class. And though my mentor's course is enhanced with some of my own material, I did so with the approval of Charles Tebbetts. We all must grow, and yet I still endeavor to preserve the integrity of his methodology. While he was still living, I had numerous discussions with him to communicate what I was doing and why; and to solicit his approval on added material where necessary. My students seem satisfied with the results; I hope you will as well.

Part II: Hypnotherapy

Once you learn how to walk with the basic hypnosis techniques, what next?

At Tacoma Community College, Part II attempts to answer that question. As with Basic Hypnosis, the emphasis is more on "how to" rather than on scientific or academic documentation. And since client results speak louder than words, these are threaded throughout my second book on The Charles Tebbetts Hypnotism Training Course--including some discussions of actual case histories on record which he facilitated. It is entitled: *The Art of Hypnotherapy*.

The hypnotherapy techniques taught by Charles Tebbetts mean much more to one who has already mastered a variety of basic hypnosis techniques. My former mentor always said, "Deal with what emerges!" Sometimes what emerges is a client resisting certain hypnotic techniques; therefore it is essential to fit the technique to the client rather than trying to fit the client to the technique. So with that in mind, Mr. Tebbetts taught and used a variety of techniques throughout his career, and taught me to do likewise. I call it *diversified client-centered hypnosis* (subtitle for the second book).

The objective of what I call my *Intermediate Hypnotherapy* class at Tacoma Community College is to teach the hypnotherapy student how to apply those techniques learned in Basic Hypnosis for habit control, general self-improvement, and personal motivation. I also want my students to learn how to help their clients discover and release any inhibitions or subconscious "blocks" preventing them from reaching a goal. My mission statement is to help people claim the power of choice; and I teach my students to do likewise.

Included in "Intermediate" is information I teach on the *benefits approach*--which was added to my class with the consent of my mentor, who was still my course sponsor as well as my friend. Charles Tebbetts openly admitted that any hypnotic technique which helped a client overcome a problem or obtain a goal was worthy of professional consideration, provided it was not harmful or dangerous to the client; so he

was quite willing to let me teach this somewhat original but effective approach.

The rapid change techniques of Charles Tebbetts include his legendary *parts therapy*, as well as other client-centered methods of facilitating subconscious change.

Actual case histories facilitated by Mr. Tebbetts are examined, showing how the "grand master" helped people change their lives.

The hypnotherapist learns how to facilitate client abreacons during a hypnotic regression, how to avoid pitfalls such as unwisely "leading" the client during a regression, and how to use techniques such as the "feeling connection" to take a client back to the cause of a problem...and more.

And this *cannot* be taught adequately in one weekend!

Part III: Advanced Hypnotherapy Techniques

This class takes a closer look at just how hypnotherapy can go beyond simple motivation. Actual case histories are summarized for further examination of the Tebbetts techniques, and other techniques are explored as well. I've woven some into *The Art of Hypnotherapy* instead of writing a third volume.

My "*Advanced Hypnotherapy*" class at the college provides for the student an exposure to the use of a variety of hypnotherapy techniques for more specialized areas and/or more serious problems. There are videotapes of Mr. Tebbetts in action showing how he utilized his own techniques for some of these, such as helping an alcoholic victim of epilepsy overcome both of those problems. The actual therapy script (available on videotape), along with a testimonial, is included in my next book.

A few advanced techniques are touched on at the college, and some are included in *The Art of Hypnotherapy*. But this class is always open to change, as I bring in guest presenters

whenever possible. I wish to give my students an opportunity for learning new techniques--including some which go beyond what either Charles Tebbetts taught or what I've developed and/or enhanced from his teachings. With this in mind, the serious student of hypnotherapy is encouraged to grow beyond my books and follow the recommendations of several professional hypnosis associations: *pursue ongoing continuing education*.

In all of your pursuits to further your skills in the use of hypnotism, however, use only those techniques which benefit your clients--and which you can master with confidence and competence.

Now let's get started with the first book...

Chapter 2

Hypnosis: What IS It and Why Use It?

Hollywood shrouds hypnosis in mysticism, and it's way past time to take it out of the dark ages! It is not mind control, nor is the hypnotized person "under someone's power" as we are lead to believe by the movies. Nor is it some dangerous scientific tool that should only be used by physicians or people with advanced academic degrees--because degrees do not guarantee ethics.

However, if we are going to seriously consider mastering the art of hypnosis, we need to know *what* it is, what its main *ingredients* are, and *why* we should use it.

Before examining what it is, let's talk about its benefits.

Why Use Hypnosis?

Have you ever tried to change a habit pattern, or become more self-motivated, only to find your subconscious mind resisting? The very fact that the subconscious can create such resistance to change is WHY we often need hypnotherapy.

In the very first chapter of his book, *Self-Hypnosis and Other Mind-Expanding Techniques* (third edition), Charles Tebbetts wrote:

Since the subconscious mind is our driving force, we always do what our subconscious believes. Since it will believe anything it is told, we can reprogram it if we bypass the conscious mind and substitute new, constructive ideas for its existing negative ones (p. 6).

My clients frequently ask me why they find themselves unable to accomplish seemingly simple goals and objectives through willpower. My response is to explain that acceptance of any new habit pattern requires subconscious cooperation, otherwise your conscious decision to make the desired change is undermined by your own subconscious belief in failure.

There is a basic law of the mind at work here: *whenever your conscious and subconscious are in conflict, your subconscious invariably wins!*

This is called the law of conflict. It can also be stated another way, *whenever imagination and logic are in conflict, imagination usually wins.*

This has been proven repeatedly: by smokers unable to stop without outside help, by dieters constantly going up and down with their weight, by outgoing people suddenly finding themselves petrified with fright when speaking in public, and by each of us as we wonder why things we want to change in life do not come easily.

People usually try to change their habits through will power and/or self-discipline. While they may convince themselves what the logical course of action is, they still imagine themselves doing what they subconsciously desire to do. For example, smokers trying to quit still imagine the taste or smell of cigarettes, or dieters imagine how good junk food would taste--and then wonder why they backslide into old habits.

Imagination does usually win out over logic--and since this is true, we must be motivated to change at a subconscious level in order to change a habit permanently. Or we could put this another way: will power does not have a very good track record with changing habits, but *hypnosis does!*

Since hypnosis and/or self-hypnosis is an effective way to facilitate change at a subconscious level, there is increasing

interest today in the benefits of hypnosis and self-hypnosis. And as a result of this increasing interest in hypnosis, there is an entire profession today with thousands of professionals dedicated to the beneficial uses of hypnosis: *the hypnotherapy profession.*

Subconscious Resistance to Change

All our present habits, mannerisms, and thought patterns are the results of past subconscious "programming" from parents, teachers, peers, co-workers, television--a variety of sources.

This programming can either propel us into success against all odds--or keep us from it in spite of our best efforts. In order to succeed, then, it becomes vitally important for us to learn how to gain and maintain control of our own subconscious programming.

Virtually all of us have experienced the difficulty of changing a habit pattern at one time or another. Once your subconscious learns something, it does not like to change; and the more you try to force the change, the greater the resistance. The subconscious is, in a sense, like a child who resents and rebels at force. Yet people spend countless megabucks on various self-help books, smokers treatments, various diet clinics, motivation programs, tapes, consultants, psychotherapists, and other professionals, seeking help to change old habits.

Logic works with the conscious mind, but often not with the subconscious. Hypnosis helps the subconscious.

For example, I have been told by numerous diet counselors that 97% of people who pay money to lose weight find it again in less than two years. In other words, *diets work on the body but not the mind*; and unless the subconscious is changed, will-power is only temporary.

"Old Tapes" Must Be Changed

In hypnotherapy, we refer to **subconscious** programming as "old tapes" since our minds **retain everything**.

Some old tapes are good. We may be programmed to stop automatically at a red light, brush our **teeth** every day, say "thank you" when appropriate and **act according** to certain social standards, etc. We accept **these tapes** without thinking about them. But we also accept **other tapes** such as "I have my father's temper," or "I'm lousy with math," or "All my relatives are overweight, because it runs in the family."

When the subconscious mind is full of **negative** program tapes, it's virtually impossible to **stay in a positive** frame of mind unless those tapes are changed on a **subconscious** level. And the hypnotherapist who is **skilled at the art of hypnosis** can greatly enhance a client's ability to **rewrite old tapes** and make profound changes in a positive way!

What Is Hypnosis?

Hypnosis has been given so many definitions that I could write for hours with commentaries on all the various definitions I've encountered over the years.

The Mosby Medical Encyclopedia (1992 edition) defines hypnosis as "a passive, trancelike state that resembles normal sleep during which perception and memory are changed, resulting in increased responsiveness to suggestion."

I prefer the way Charles Tebbetts defines hypnosis, and will quote from his Second Edition of *Miracles on Demand*:

There is no legal definition of hypnosis. Webster's dictionary describes it incorrectly as an artificially induced sleep, but it is actually a natural state of mind and induced normally in everyday living much more often than it is induced artificially. Every time we become engrossed

in a novel or a motion picture, we are in a natural hypnotic trance (p. 211-212).

Mr. Tebbetts went on in his book (and his class) to explain that hypnosis exhibits several identifying characteristics including: an extraordinary quality of mental, physical and emotional relaxation, a partial absence of the inhibitory process, or--as he so frequently said in class, a bypassing of the critical faculty of the mind. He also touches on the four states of mind, which I describe later in this chapter.

Dr. John C. Hughes, in his book, *Hypnosis: the Induction of Conviction* (pub., National Guild of Hypnotists), says:

Hypnosis is one of the seven wonders of modern psychology. No one really knows what hypnosis is. But then no one knows what electricity is either. Yet that does not deter its usefulness (p. 14).

Dr. Hughes goes on to point out that Hippolyte Bernheim believed there was no hypnosis, only suggestion; and that Emile Coue, the father of autosuggestion, believed that there is no suggestion--only autosuggestion. Or, stated another way, we could consider that all hypnosis is *guided autosuggestion!*

The very word *hypnosis*, coined by an English physician in the 19th century, has given us an inaccurate picture for well over a century. It is derived from the Greek word *hypnos*, meaning sleep. But hypnosis is not a state of sleep. Rather, it is the same state of altered conscious awareness we enter daily when our brain wave activity slows down to a frequency called "alpha," which we pass through on the way to and from sleep. Many experts also refer to it as "altered consciousness" since the mind of a hypnotized person is still aware of what is taking place even though he/she may *appear* to be sleeping. (In fact, some clients are surprised at how

aware they are during the hypnotic process--yet they still achieve benefits.)

I totally agree with the theory Charles Tebbetts taught: all hypnosis is self-hypnosis, so the hypnotherapist is more like a guide who facilitates the hypnotic process. Myron Teitelbaum, M.D., author of *Hypnosis Induction Technics* (spelling by Dr. Teitelbaum), came to the same conclusion--as is evidenced in the last two pages of Chapter 3:

The hypnotist is merely the guide who directs and leads the subject into the trance (page 18).

To me, the most accurate way of defining hypnosis is to simply refer to it as *guided meditation*.

Since many of us enter a meditative or "trance" state while listening to music, watching television, listening to a good speaker or a good sermon at church, or even while reading a good book, you could say that the hypnotist does not even have to be a live person. So if hypnosis were ever outlawed, it would be virtually impossible to enforce, because we would have to stop the freedom of speech and freedom of press!

On the other hand, if all hypnosis is--as Charles Tebbetts firmly believed--really guided self-hypnosis, then that truly makes the hypnotist an *artist*!

Hypnosis = Altered Consciousness

I frequently explain hypnosis to a prospective client by asking a question such as, "When is the last time you cried real tears during a powerful movie? Even though your conscious mind knew you were sitting in a theater watching actors and actresses, your subconscious accepted them as real characters because you were in the state of hypnosis! And when I saw the movie E.T., it seemed like everyone in the theater cried, including me."

Was I asleep when I saw E.T.? Not at all! Yet even though my conscious mind knew it was only a six-million dollar puppet, my subconscious accepted E.T. as a real character. Although I was literally hypnotized, I was very aware of what was happening in the movie--but soon became able to "tune out" the usually incessant coughing, straw-slurping and throat-clearing among theater audiences. Even though I was not in a sleep state, I was definitely in an altered state of consciousness. Other movies can have similar effects on us.

Even though the "critical faculty" can be bypassed when we get engrossed in the movie, that motion picture does *not* control us, it *only guides* us through its story. It could be said, then, that the movie is our hypnotist until the closing credits cross the screen.

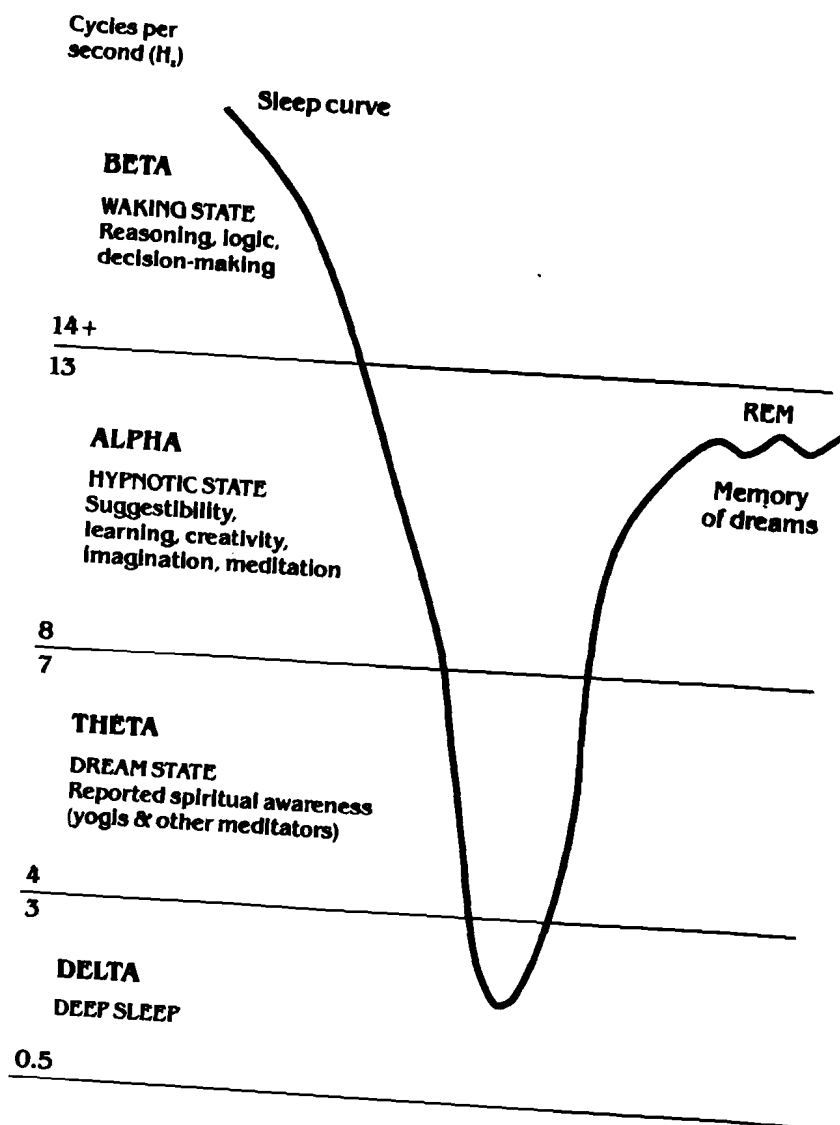
The same is true when a person becomes the hypnotist. Because the conscious mind has relaxed, the subconscious mind becomes accessible, thus giving us expanded possibilities for change; however, the hypnotist does not control us--he/she only becomes our guide during the hypnotic experience. The actual power for change is within the mind of the person who enters the state of hypnosis.

Also, because hypnosis is not a "sleep" state but actually an altered state of consciousness, people frequently do not feel hypnotized the first time they go to a hypnotherapist. This is partly because of the fact that we all experience four different mental states daily. These states of mind can be measured by an EEG (electroencephalograph).

According to Dr. Barbara B. Brown, author of *Stress and the Art of Biofeedback*, experts vary in their opinions on the exact range of alpha and theta waves. However, since this is meant to be a HOW TO book for the art of hypnotherapy rather than a scientific or academic treatise, we will only briefly discuss the four basic mental states shown on the next page.

The Four States Of Mind

Brainwave patterns as measured by an E.E.G. machine



The Four States of Mind

You are in the *beta* state for most of your waking hours. It's a good thing, too, since beta is like high gear--a good place for decision making, reasoning and logic. Brain waves are above 13 cycles per second, often greatly higher, and may or may not be rhythmic.

As your brain waves slow to between 8 and 13 cycles per second, you enter the *alpha* state of mind. The door between your conscious and subconscious minds is opened, and it becomes easier to access the memories and storage of new information. We may become mellow in this relaxed state; we are also more suggestible--and this is what Hollywood exploits in movies and stage hypnosis.

When you are guided into the alpha state of mind by another person or thing--whether a movie, tape, or person, you are technically hypnotized.

Below the two conscious states are *theta*, the dream state, and *delta*, which is deep sleep or total unconsciousness. Whether or not you remember your dreams, you must pass through theta on the way to and from delta. Likewise, you must pass through alpha on the way to and from sleep. You are in the same state of mind as hypnosis every day of your life!

Within a month after my first edition of *Success Through Mind Power* hit the press, a psychologist specializing in study of brain waves informed me that recent discoveries had indicated that the brain still produces alpha waves even when we are in a total conscious state of *beta*. At first that bothered me, creating a concern that I might have written incorrect data. But shortly afterwards, further clarification was provided that the subconscious mind usually stays in alpha--at walking speed--while the conscious mind jogs along in *beta*. Then, when we enter hypnosis (or meditation), both con-

scious and subconscious slow down to alpha--or walking speed--and communication between both these parts of the mind is enhanced.

Since opinions still vary, you are free to draw your own conclusions and/or do your own research or scientific investigations. What is important, however--if you intend to help people achieve their goals--is to learn how to master hypnosis as an art rather than as something strictly done from the intellectual mind. And since I teach hypnosis as an *art* rather than a science, I will again share and emphasize my own opinion with all who read this book: *hypnosis is an art*. And to master the art, you must *practice*.

Charles Tebbetts believed that there is no substitute for practice to develop confidence and competence; so my students are required to complete at least 24 practice sessions of non-therapeutic hypnosis during Part I of the Charles Tebbetts Hypnotism Training Course. Much of this is done in a supervised setting in my classroom; and I am presenting in this book the actual techniques my students learn and practice.

With clients I may or may not go into the explanation of the four states of mind, depending on the person I'm working with. Also, note that I always refer to people who see me in my office as *clients*.

Correct Terminology for People in Hypnosis

What do you call people who are hypnotized? There are different words that can be used. Allow me to explain my views on when it is appropriate to use different terminology, starting with the word used most commonly:

Subjects

Subjects are people who are being used in scientific experiments with hypnosis, or who allow themselves to become

the willing "subjects" for unscientific experimenting by someone with little or no professional training.

I have a strong personal preference to avoid most other uses of the word "subject" to identify one who is hypnotized; yet most books on hypnosis usually refer to the person who is being hypnotized as the *subject*. This word can be misleading as well as scary for some people, in that the very word itself implies that the person in hypnosis becomes *subject* to the suggestions of the hypnotist. This word therefore incorrectly portrays hypnosis as a state of mind where one falls under the "power" of the hypnotist and is controlled by whatever suggestions are given. Thus, many still fear hypnosis today.

It is also my personal opinion that use of the word *subject* is also somewhat demeaning to a fee-paying person desiring the benefits of hypnosis for self-empowerment to achieve a goal. Throughout my entire book (with some exceptions in Chapter 3) I use the term *client*, which is much more dignified and respectful of the person in hypnosis. Even in references from Charles Tebbetts, I change the word "subject" except in direct quotes from one of his books.

Clients

Clients are people who (1) want their lives improved through the use of *non-medical* applications of hypnosis, or (2) are seeing a professional hypnotherapist (referred to as a "lay hypnotist" by some physicians and psychologists) for medical applications of hypnosis (such as pain management, etc.) with written consent of an examining physician--but done at the therapists's office rather than at the physician's clinic. This person is the client of the hypnotherapist, and the patient of his/her physician. It is considered that said hypnotherapist in this definition is one who is neither licensed to treat nor diagnose physical or mental illnesses.

Charles Tebbetts was training himself to use the word *client* more often in his latter years, as is evidenced by his frequent use of this word in *Miracles on Demand*.

Patients

Patients experiencing hypnosis are people who are (1) experiencing medical applications of hypnosis either done by their physicians or done by another person (including a hypnotherapist) under the direct supervision of the physician; (2) patients of a dental clinic hypnotized by either the dentist or a hypnotherapist at said clinic; or (3) a patient of any other licensed health care professional experiencing hypnosis specifically as part of such health care treatment.

Participants

Participants are people experiencing non-medical applications of hypnosis done with a group of people at one time, such as when I work with a group of business people for stress management, or on stage doing stage hypnosis.

Ormond McGill refers to the volunteers in his stage hypnotism presentation as his *committee*. I also like this term for volunteers on stage, because it is respectful.

Remember, when you master the art of hypnosis, these are real people you are hypnotizing; and if you treat them with respect, you increase your probability of success.

Faith and Hypnosis Are Closely Related

Back in 1983, Charles Tebbetts gave me a handout with the above title my very first evening at his class in Edmonds. Years later, he requested that I reproduce and provide, unedited, the same handout to my own students.

The material in this chapter subsection is reprinted just as written by Charles Tebbetts and--out of respect to my former teacher--nothing has been changed.

Belief

Belief plays an important part in hypnosis, and in the field of medicine as well.

Subconscious belief is the most powerful factor in successful living. It determines all behavior patterns. Yet belief systems are imposed upon our unwary minds during childhood before our critical factors are developed enough to reject harmful ideas that we would reject at a later period in our lives.

Our subconscious beliefs determine whether we will succeed or fail, be happy or unhappy, sick or well, and even if we will be dead or alive.

Self-confidence is belief in yourself.

Confidence is not competence. Most people lack competence in many fields, such as the ability to run the mile in record time, to lift 500 pounds of weight, or to win the figure skating championship--but they have confidence in themselves. They know that with practice they could learn to excel in any endeavor they choose.

When the subconscious mind is convinced, it starts to act. As hypnotherapists, our function is to convince the subconscious mind. While a person is in hypnosis, the more the conscious mind recedes, the more accessible the subconscious mind becomes--but consciousness does not disappear at any level.

Hypnosis is super concentration of the mind upon a single idea, and exclusion of all other thoughts.

Hypnosis could be called mono-ideaism, in which the consciousness agreeably slows down to a single focus.

The Three Psychological Principles of Suggestion

1. *The law of concentrated attention: There is no action without a stimulus. While a person is in hypnosis he concentrates upon a single idea to the exclusion of all other thoughts, so when he is told that his arm is so rigid that it will not bend, and no other thought is allowed to inhibit this idea, his arm will not bend because there is no stimulus.*

2. *The law of reverse action: This law is illustrated by the suggestion "The harder you try to bend your arm the more rigid it becomes"--and should be used with all tests to prove to the client that he is hypnotized.*

3. *The law of dominant effect: A stronger emotion will always overcome a weaker one. Emotional attachment to a suggestion makes it more effective. In a conflict between the conscious and the subconscious minds, the subconscious usually wins.*

Hypnotic Formula: Components of Hypnosis

In the above chapter subsection, my mentor showed how faith and hypnosis are related. He discussed belief--which is one of several mental components of hypnosis.

There are other vital components, or what I sometimes call the ingredients of hypnosis. They include, besides belief, the ingredients of imagination, conviction and expectation.

These ingredients can either inhibit or insure the hypnotic state, depending on whether they are working positively or negatively with the client preparing for hypnosis. Understanding them is so important that I include this information in my very first class.

Charles Tebbetts examined all four of these ingredients of hypnosis at various times in his teaching. My own students

have found that an early working knowledge of these vital ingredients becomes a very valuable asset in mastering the art of hypnosis.

In simple terms, I call this the **Hypnotic Formula**.

Imagination

Imagination enhances one's ability to be hypnotized, especially since imagination is the language of the subconscious--as is evidenced by the way we can all respond to something that is not real simply because we *imagine* it. I'll discuss this more in Chapter 4, showing how a simple investment of a few extra minutes before you hypnotize someone can help him/her to understand and appreciate the role of imagination in the hypnotic process, and is the "*holodeck*" of the mind.

If a person can easily imagine being hypnotized, he/she will find it much easier to enter the state of hypnosis. On the other hand, if one *imagines resisting*, guess what might be likely to happen!

Belief

Whatever a person *believes* will happen will tend to come to pass if their own actions have anything to do with it.

If someone *believes* that you will successfully facilitate hypnosis, your probability of success is greatly increased. On the other hand, anyone who believes that he/she cannot be hypnotized--or believes that you cannot successfully facilitate hypnosis--will most likely resist.

Expectation and Conviction

Expectation and conviction are like twins.

Those who are *convinced* that you can hypnotize them will most likely *expect* to be hypnotized--and your success is much more likely.

If one *expects* to succeed (or fail), and is totally *convinced* that it will happen, whatever expectation is believed and imagined will most likely be either the real result or the perceived result.

Mixing the Ingredients to Hypnosis

Belief + imagination + conviction + expectation = results. An acronym to help you remember is BICE. (The order is not important, since belief often precedes imagination or vice versa.)

Someone who imagines he/she can (or cannot) be hypnotized will have both belief and expectation impacted by imagination. Likewise, someone who believes you can hypnotize him/her will find it much easier to imagine what you ask, and have a far greater expectation. Without conviction, however, the person may or may not respond; but once the conviction is set, the outcome is almost certain until that conviction is changed.

Imagination leads to belief (or vice versa), and these both lead to expectation and conviction regardless of the conscious desire--and this principle applies with habits as well as the state of hypnosis.

For example, persons desiring to stay on a diet who still *imagine* eating sweets will soon eat the sweets they *imagine* eating! Or a smoker desiring to quit will invariably have urges as long as he/she keeps *imagining* smoking. If the smoker firmly *believes* he/she will never smoke again, the urges can be resisted because of the expectation; but if one keeps on *imagining* the old fair weather friend, those urges can persist even for years after smoking the last cigarette.

But if people trying to break ANY bad habit *believe* that they are going to backslide into the old habit, they get what they believe even if there is an initial success. So it becomes

important to help a client maintain all the ingredients of the hypnotic formula to help insure a lasting success.

Putting this into perspective, the hypnotherapist must help clients *imagine* being hypnotized; and then, while in that state, clients can also *imagine* successfully achieving their goals.

Secondly, clients must *believe* that they can be hypnotized, and that you are capable of facilitating that process; and then you must competently use hypnotherapy to help them *believe* that their goals are attainable.

Building on *imagination* and *belief*, then, your client must *expect* to be hypnotized and have a firm *conviction* that this will happen in order to insure success. And the client must expect to achieve his/her goals, and have a firm conviction that success is a reality.

The greater the positive presence of these ingredients, the greater the probability of success. And since these ingredients come in subjective degrees rather than in scientific measurable quantities, you must be a good artist who can adapt flexibly to your client.

Are the Ingredients Enough?

Unfortunately, helping clients achieve goals is not as simple as successfully guiding them into hypnosis with the hypnotic formula and giving post-hypnotic suggestions. If it were, the Charles Tebbetts Hypnotism Training Course could end after Part I. But since there are "old tapes" that inhibit or "block" part of the formula described above when it comes to changing habits, there is much more to know and use.

Part II, *The Art of Hypnotherapy*, is devoted to the various client-centered rapid change techniques that Charles Tebbetts used so successfully throughout his career--techniques which help discover subconscious blocks and release them.

But first, we must learn and master the basics: how to guide people successfully into hypnosis with both *confidence* and *competence*.

My teacher had us all jump right into the water at this point by going into suggestibility tests and an induction. But before we do, let's explore some of the history of hypnosis. With the hypnotic formula now in mind, we may well wonder just how the history of this art might be entirely different had our pioneers understood the vital roles of *belief*, *imagination*, *conviction* and *expectation* rather than simply studying and researching hypnotism as a science.

PERSONAL NOTES:

Chapter 3

Hypnosis: Yesterday & Today

How has the history of hypnosis influenced its present? Does the history of hypnotism validate it as a science, or as an art, or both? And should we analytically research the history of hypnosis simply to examine its scientific aspects? Or would it be wiser to consider how the history of hypnosis might be different if it had been done as an art? And will hypnotism survive as an art, or as a science, or as both?

Music could most certainly be examined and analyzed into a pure science of mathematics. One could create countless presentations on the components of the musical scale, harmonics, musical timing, etc., etc., etc.; and there are excellent teachers of all aspects of music, including its history. But when it gets down to performance time, it is the *artist* performing with “feelings” that reaches in and touches our emotions. A musical presentation that is mathematically correct with all the notes performed accurately and in proper timing can still leave the listener cold where no *artistic feeling* exists!

The Purpose of this Chapter

Since this book is written primarily to be a “how to” presentation about the *art* of hypnosis rather than as a scientific study, some people might wonder why a chapter on the history of hypnosis is even included.

First, I believe it's important for the professional hypnotherapist to be able to discuss some aspects of hypnosis history intelligently, for in so doing we can quite often “win over” a client who might otherwise be skeptical or resistant.

Most certainly we do not have to become experts at the history of an art, be it hypnosis or music, in order to master the performance of that art; but it's also unwise for any hypnotist to be uninformed of the amazing history of hypnosis.

Even though the use of hypnosis was common with many primitive civilizations, its true nature still seems like a mystery to most people even to this day--as is evidenced by the movies.

The long and often unhappy history of hypnotism demonstrates how *belief, imagination, expectation and conviction* are woven in throughout time--and how ignorance of these vital ingredients of hypnosis resulted in incorrect theories. By glancing at the origin and historical background of some of those early theories of hypnosis, the resulting confusion becomes evident--often providing some interesting conversation with some of your clients as well as with other interested hypnotherapists. The "up side" of all this, however, is that some wonderful benefits have taken place throughout time for many fortunate people on the receiving end of hypnotic research--and enough advances have been made to keep the interest alive.

Hypnotism still has its scientific aspects. It has its experimenters and pioneers, its lucky guessers, and its martyrs--and they have all left their marks on the history of hypnosis.

The information that follows comes partly from my own studies, partly from personal knowledge of certain individuals, and partly from material I received from some unpublished typed notes from research done by Charles Tebbetts and others.

Possible Origins of Hypnosis

How old is hypnosis?

Many might find this hard to believe, but as early as 3,000 B.C., the Egyptians had knowledge of and were using hyp-

notism, as is proven by hieroglyphics found on tombs of that period. The Greeks also understood it, as well as the Mayas of South America. It was also used by Hindu fakirs, the Chinese teachers of religion, the Persian magi, the Celtic druids and African witch doctors. Perhaps it goes back to prehistoric times.

Some people believe that hypnosis was spontaneously discovered in each civilization of the world as its history unfolded, and that it will become known in any group of people, in any setting. Why, then, is it still a mystery today? Hollywood is not totally to blame.

First, humans are primarily greedy by nature, and pioneers were not exceptions. In all likelihood the first hypnotists soon became the first witch doctors, wise men, shamans, and so on (or vice versa), and the knowledge of the art was jealously guarded--shrouding it in mysticism and religion.

Another reason the lack of knowledge of hypnotism is even more inherent in humans is due to our inborn trait to fear, ridicule, or turn our noses up at that which we don't understand; but every science in the world has had to travel the same hard road from disbelief through fear, to common acceptance. For example, consider how people laughed at the Wright brothers. Most people then thought that if God intended man to fly, he would have given man wings. Now airplanes are a part of life. Even electricity was considered "demonic" power in the not too distant past.

Is it surprising, then, that hypnotism, still considered an occult science by many, should take so long to gain recognition and widescale acceptance? Since the dawn of history, its secrets have been kept from the average person.

The Hypnotic Pioneers of Yesteryear

Today hypnosis is emerging both as a science and an art; however, the fact that it has slowly become considered a

science by the scientific community is because increasing numbers of its proponents have become more scientific in their approaches.

There are literally thousands of people who have contributed to the advancement of hypnotism. Those who are recognized by the scientific community are the ones who took a more scientific approach. However, there are others whose contributions also deserve places in history.

The hypnotic pioneers have been categorized by some historical researchers into four groups.

1. The Early Unscientific Group

This group includes most of those who experimented with hypnosis without knowing it under that name. They have in common the fact that they generally misunderstood the things that they were accomplishing and laid their achievements to magic, or magnetism, divine power and so on.

They include Genghis Kahn, who used *group suggestion* to create hallucinations. Also included are: Albertus Magnus, Roger Bacon, Raymond Lully, Pico della Mirandola, Paracelsus, Holinotius, Robert Fludd, Father Kirchner, Maxwell, Burcq, and Father Hell, as well as names of people who never found their way into the history books. They also include the seers and sages of Greece, who seem to have been the ancient leaders in self-hypnosis, as well as the ancient Egyptians, and perhaps tribal "witch doctors" dating back to pre-historic times. And there are some hypnotherapists, including myself, who believe that Jesus used hypnosis with many whom He healed.

2. The Semi-Scientific Group

This group started experimenting and researching hypnotism as a science, although some of the people in this group never heard the term "hypnosis" during their lifetimes.

An example of this was Anton Mesmer, whom most people call the "Father of Hypnosis." Others were Father Gassner, the Marquis De Puysegur, as well as James Martin Charcot, a famous man to even modern hypnotists, but who was still years behind his own time in the study of hypnosis, yet belongs in this group despite his identification of the depth levels of hypnosis.

These famous hypnotic pioneers and their work will be discussed later in this chapter.

3. The Scientific Group

The scientific group, also discussed later in this chapter, includes those who first removed hypnosis from the realms of "mysticism" and started experimenting with what hypnosis could actually do. Elliotson, Braid and Esdaile made much progress toward establishing its use in medicine--ending the first dark age of hypnosis. And while they did make a few mistakes, they were still many years ahead of their time; so they deserve their place in fame as scientific investigators of hypnosis.

Other scientific pioneers include Liebeault, Bernheim, Brewer and Freud--even though Freud was responsible for another dark age of hypnosis.

4. The Modern Groups

The modern groups should include both those who teach and promote hypnotherapy as an art and/or a profession of its own as well as those who research it as a science. But there seems to be a division or gulf today between the scientific community and those many thousands of dedicated full-time hypnotherapists who are and have been successful with helping clients change their lives. So you could say that we have the *modern scientific* group and the *modern artistic* group.

Among the 20th Century scientific researchers, one name shines brilliantly above all others--*Milton Erickson, M.D.* There are many other 20th Century hypnotic researchers and experimentors. Their names are too numerous to mention here, although some are mentioned later in this chapter.

Also, we must consider the modern artistic group (what some in the scientific community call "lay hypnotism"). This legitimate hypnotherapy profession of men and women dedicated to helping people almost exclusively with hypnotherapy has produced its own superstars. Names like Ormond McGill and Charles Tebbetts are now already legends. Both these men are considered *masters of the art*. Some masters of hypnosis in the artistic group have formed professional hypnotherapy associations and/or dedicated themselves to helping people through the art of hypnosis. They will also be discussed later in this chapter.

There is some overlap between the two modern groups, as some of the 20th Century researchers of hypnosis did not obtain the usual advanced degrees so common to today's scientific researchers and many earlier pioneers. Likewise, some fine people with outstanding credentials have also recognized hypnosis as an art and have accepted the validity of hypnotherapists who are *competent artists* even though they might lack the advanced academic degrees. Several of them have even gotten directly involved with some of the professional hypnotherapy associations.

Now let's look more closely at some of these pioneers of both the science and art of hypnotism--and their contributions to hypnosis. The pages that follow are only intended to provide an overview of how the lives and work of these hypnotic pioneers have influenced the history of hypnosis, as well as to show how a simple understanding of the *hypnotic formula* could have greatly influenced the historical course of hypnosis--both yesterday and today.

As you read these pages, be sure to look for our friends: *imagination, belief, expectation and conviction.*

Hypnotic Pioneers of the 18th Century

Franz Anton Mesmer

Mesmer is probably the most famous name in the entire history of hypnosis, even though he never heard of the art nor the science by that name.

As the first man ever to try to explain scientifically what he was doing, he is often given credit for being the "Father of Hypnosis," a title he shares with two other men. Even today we speak of "mesmerizing" someone, and the hypnotherapy community still bears many references to him and his work, as an undeniable tribute.

Mesmer was born in Iznang, Germany, on May 23, 1734, on the Bordensee, or Lake of Constance. Because this lake is also bordered by Switzerland and Austria, some publications list him as being born in either of these countries, or on other dates, due to the inaccuracy of records kept at that time.

He first studied medicine in Vienna, where he became a practicing physician.

After seeing a demonstration of magnetic cures by Father Maximilian Hell in 1774, he began his experiments with magnets. He apparently borrowed his first magnets from Father Hell. Then, in 1766, Mesmer wrote his Doctoral Dissertation, "*De Planetarum Influxu*" (The Planetarium Flux) in which he first formulated his theory concerning the influence of planets upon the human body. He believed that a general sort of magnetic fluid pervaded nature and the human body, and that this fluid must be evenly distributed throughout the body for wellness. He postulated that our own bodies were like magnets with poles at either end--and that bringing a magnet close to the body would help balance and harmonize

this magnetic fluid around us. His theory was first called "animal gravitation" and eventually became known as "animal magnetism." Although his theories intrigued many, he also blended astrology and metaphysics into his theories--which widened the credibility gap with the skeptics.

His first subject was Franzl Oesterlin, a young girl who was a friend of Mesmer's wife. The girl was a victim of hysteria and combined convulsions, with symptoms of vomiting, temporary blindness, attacks of paralysis, hallucinations, inability to pass urine, violent toothache and "other terrible symptoms," to quote Mesmer. Magnets were tied to her feet and hung around her neck and *"a hot piercing pain rose along her legs from her feet and ended with an intenser spasm in the upper rim of the iliac bone. Here this pain was united with an equally agonizing one which flowed from both sides of the breast, shot pains up to the head and united in the roots of the hair. The patient felt a burning sensation in all her joints. At certain parts of her body the magnetic stream seemed to be interrupted, even to become more intense. She was soon insensitive to all the magnets and cured of her attacks."* The cure was permanent.

Let's consider what happened... Magnets at that time were new and mysterious, and some *believed* that they had great powers. The subject respected them and was *convinced* that they would produce results. And because results were *expected*, results were produced!

Also, at that time, pain was considered necessary for healing. What the magnets did, then, through our friends *belief, conviction and expectation*, was to produce a quick, intense pain that did the job of beating psychological symptoms.

Before long, Mesmer discovered that magnets were not essential to the "cure" and instead came to believe that the results were due to an invisible, voluminous fluid which per-

meated everything and was affected by the position of the planets.

He soon modified his magnetism theories to include the fact that he somehow became endowed with much more "magnetic fluid" than other people--though everyone did have a certain amount.

Mesmer's fame grew quickly, and he magnetised many; and, as is easy to believe, the other practicing physicians became furious and labelled him a *quack!*

But he just kept right on with his work.

Unfortunately for the evolution of hypnotism, Mesmer *did not know* that his "cures" were entirely due to his artistry of inducing a guided self-trance, helping patients actually use the power of their own subconscious minds for their cures--so his first defeat left him without a good response.

In attempting to cure a neurotic blind girl, Maria Theresa Paradies, pianist and protege of the empress, he managed to help her restore her sight but found himself unable to explain her loss of equilibrium--which angered her parents greatly. Her father came to Mesmer's clinic demanding he release her immediately. She begged to stay; but her father drew his blade with his demand, and she went into convulsions and lost her sight again, never to regain it, although there was nothing physically wrong with her eyes.

Mesmer's critics naturally took advantage of this incident; and a commission was appointed to investigate. They did so--for three years--and then decided that Mesmer was a danger to Vienna and gave him only two days to leave town.

He then moved to Paris, where he invited leading scientists to witness his demonstrations, and encouraged the poorer classes to come to his clinic for treatment. The slow, discouraging responses resulted in his moving on to Belgium in 1781.

Mozart became a Mesmer fan, and after Mozart's insistence, Mesmer returned to Paris and bought a hotel on the Rue Mootmarte, where he turned away from the science of magnetizing people, and became a showman practicing his cures as an *art*.

His clinic itself became a showplace in Paris--where getting mesmerized became as popular as going up in hot air balloons. Mesmer developed the legendary *bacquet*, a monstrosity which would even be the envy of some modern showmen today! It was a round contraption, roughly a foot high, with a seating capacity of about 30. There were holes in the top where subjects could grasp iron rods and receive the "magnetic flow" and go with the flow. Inside were numerous bottles which he had previously filled with the all-important, invisible, healing "magnetic fluid"--which, of course, flowed from one of his finger tips. The entire scenario was enhanced with music, unusual lightings, and the presence of highly suggestible subjects, so that even a skeptic generally found it easy to trance out into convulsions by grasping one of the iron rods. At times, Mesmer "magnetized" empty envelopes which, when opened, would produce a convulsion. Couldn't Hollywood make this an interesting scene in a movie?

All this show business again brought him under public scorn in France--so much so that cartoons were published during his life depicting Mesmer with the face and ears of a donkey while magnetizing a woman, with the caption: "LE DOÏGT MAGIQUE OU LE MAGNETISMÉ ANIMAL." Some cartoons were so demeaning that they depicted both Mesmer and his followers as dogs!

Mesmer remained in Paris this time until a commission appointed by King Louis XVI and headed by Benjamin Franklin investigated his work and turned in an unfavorable report. One of the experiments Franklin observed was with a woman who drank a mesmerized cup of water which *she*

believed to be normal. Nothing happened. Yet when she drank a normal cup that *she believed* had been *mesmerized*, she tranced out! Another experiment involved trees which had been mesmerized. Again, the subject failed to trance out at the correct tree--but instead went into convulsions when touching the tree that he *believed* had been magnetized. Franklin stated that Mesmer was a fraud, as all his cures and theatrical results were caused by *imagination*. Any of us could have come to the same conclusion.

I wonder if Franklin had any idea that a day would come when an entire profession of hypnotherapy would rely so heavily on this true observation of his!

At any rate, Mesmer unfortunately did not understand the role of imagination in his successes, and was forced into retirement in Switzerland, where he lived quietly and sadly, occasionally treating his neighbors until his death in 1815. And far before his death, he lost control of mesmerism, as spiritualists had blended it with spiritualism.

Had either Mesmer or any other early key pioneers of hypnosis really understood the vital role of even some of the ingredients of the hypnotic formula, *belief, imagination, expectation and conviction*, the entire history of hypnosis would have changed course! It's almost tragic that even the 19th Century pioneers failed to learn from Mesmer's mistake. Why couldn't they make the same correct observation made by Benjamin Franklin in the late 18th Century?

One of Mesmer's direct descendants recently was interviewed in the early 1990's by Penny Dutton Raffa, founder of the International Hypnosis Hall of Fame. It is my hope that the contents of this interview will become available in written form sometime in the future.

Father Gassner

Father Gassner, a Catholic priest, was contemporary with Mesmer (1727-1779), and was also active in hypnosis. He apparently worked briefly with Mesmer, according to at least one historian. Gassner mastered the art of suggestion as a means of faith healing, and was perhaps the first of the modern faith healers.

On at least one occasion, Gassner lowered a woman's pulse rate and breathing until two horrified doctors (who were invited to the demonstration) pronounced her dead. Then, 2 1/2 minutes later, he returned her bodily functions to normal, and "brought her back to life" again. His parish couldn't help but have a *belief* that God had endowed him with heavenly powers, and the psychological advantage he then had was their tremendous *conviction* that something would happen!

As a religious authority as well, Gassner worked under the most favorable conditions possible for hypnotic response. People *believed* that he represented God's authority over them, and therefore *expected* things to happen when Father Gassner spoke. (Does this sound familiar?)

Imagine this scenario and its dramatics: He did his trance induction in a dimly lit cathedral, circling his subjects while carrying a candle-lit, diamond-studded crucifix, and muttering "sleep" suggestions in Latin. And because of their *belief*, his subjects could easily *imagine* the power of God working through the priest! Thus, even difficult subjects were sent instantly to sleep by the touch of the cross, while the mere presence of this cross was enough to hypnotize most subjects. Gassner's average trance induction time was an almost unbelievable seven seconds, again proving the effectiveness of *belief, imagination, expectation and conviction*.

Gassner was one of the first men to produce a quiet sleep in the hypnotic state, rather than the usual convulsion. Because of this great difference between his methods and those of the "magnetizers," however, he was not considered to be a scientific researcher. Perhaps he most closely parallels the modern artistic group.

Marquis Chastenet de Puysegur

A former student of Mesmer's, and one of Mesmer's most unscientific followers, Marquis Chastenet de Puysegur (also spelled *Pursegur*) lived and experimented in Buzancy, France. He evolved Mesmer's theories about magnetism into what became known as directed magnetism. Puysegur formulated the theory that the prime factor producing magnetism was the magnetizer himself. So another common mistake was made--the assumption that the power was with the hypnotist rather than in the mind of the subject.

Because of the above mistaken opinion, the Marquis decided that the magnets were not necessary--so he would "magnetize" an elm tree and get results with people visiting that elm tree.

Imagine that! The local populace could go enjoy the latest in convulsions even in the Marquis's absence (while he apparently did more important things). Would you agree that the *hypnotic formula* was at work here in the minds of people "magnetized" by a tree??? And if one *believed* that a certain tree had been magnetized, and he/she could easily *imagine* becoming magnetized by that same tree, and therefore *expected* to be magnetized, wouldn't hypnosis occur even if it was the wrong tree? Franklin had already observed someone trancing out after touching the wrong tree!

Hollywood could really create an interesting scenario showing the Marquis making his magnetic passes around those he magnetized, and even add more dramatics by includ-

ing an ominous looking elm tree. Add in some mysterious music and a few dark clouds, etc., and I'm certain the effects would be quite dramatic on screen. (Sometimes my motion picture family heritage influences my methods of telling stories!)

A far more important contribution from Puysegur came when he discovered the sleep-like trance state and gave it the name "somnambulism" which remains to this day. This first happened in 1784 when a young shepherd, Victor Race, fell into a quiet sleep instead of the usual convulsion while tied to one of the "magnetized" trees. Puysegur found that the young boy could respond to suggestions while still appearing to be asleep.

According to Robert Darnton, author of *Mesmerism and the End of the Enlightenment in France*, the Marquis became very famous, even gaining support from some in government.

By the autumn of 1784, the Marquis de Puysegur was mesmerizing on a huge scale with the enthusiastic support of local officials in Bayonne, and accounts of his feats circulated throughout the nation along with records of cures performed by straight mesmerizing (p. 58).

After this, however, Puysegur went on to experiment with E.S.P. and other theories unacceptable to the scientific community. But he still goes down in history for the discovery of the somnambulist trance, as well as for being the first man in medical history to experiment with diagnosis of illness during trance--although his diagnoses were through the medium of the sixth sense and frequently incorrect.

But was Puysegur's experiments with E.S.P. his biggest mistake?

In *Hypnosis: The Cognitive-Behavioral Perspective* (p. 79), Nicholas Spanos and John Chaves state the following:

Mesmer and Puysegur claimed that hypnotic phenomena depended upon the special prowess or supernatural skills of the hypnotist, under whose agency the "magnetized" person behaved as a virtual automaton.

As mentioned earlier, the Marquis mistakenly believed that his subjects were "under his power"--and somehow there are people even today who still believe that!

Again we might ask, how different might the history of hypnosis have been if Mesmer and Puysegur understood that all mesmerism was really *guided self-mesmerism*?

Perhaps the problem with that perception is that it takes much of the science out of the process, and requires much more artistry--especially with resistant subjects.

Other Practitioners of That Time

All the way into the first part of the 19th Century, many men studied and practiced different hypnosis with all different approaches, even though the word "hypnosis" had not yet been coined.

Commissions were appointed to investigate their findings and works, with reports that were just as unfavorable as Mesmer's review.

Most of the pioneers of that time followed in Puysegur's shoes, experimenting with clairvoyance and E.S.P., which fueled the fires of the skeptics. Apparently most people with scientific minds want scientific facts and scientific theories--not alternative ideas--even if said alternative ideas provide some benefit to some people. Isn't it interesting, however, that so many of these scientists did explore the areas of E.S.P.??? We do not explore these areas in my class, as Charles Tebbetts wanted his course taught in a secular and believable way.

Hypnosis in the 19th Century

Abbe Jose Castodi de Faria

Abbe Faria was one of the first *scientific* experimenters in hypnosis, operating in Paris around 1815. It was he who first formulated many of the theories which were later rediscovered by and credited to other men.

He was the first man we know to have discovered that psychological attitudes had anything to do with a hypnotic condition, and taught that a trance could not be induced against one's will. He also developed the "*fixed-gaze method*" of induction, leading to myriads of induction techniques used then as well as today which are based on eye fixation.

Besides being an investigator into the "why's" of hypnosis, Faria was quite a showman as well, and at that time hypnosis really needed a good "public relations" man. He was doing very well in both his jobs of discovering hypnotism and selling it to the public, when the incident came that ended his career and cheated him out of virtually all the credit that he so rightly deserves.

Several jealous doctors hired some people to pose as subjects for Faria at a public demonstration, pretending to go into trance very quickly and easily. At the correct psychological moment, they jumped up and announced that they were only shamming, and falsely claimed that Faria had hired them. Naturally this disgusting product of jealousy discredited Faria, and he lost all of the recognition he justly deserved.

John Elliotson

John Elliotson, born in 1791, was a professor of theory and practice at University Hospital in London, England. He became interested in magnetism through a Richard

Chenevix, a student of Faria's, and learned it from Baron de Potet.

Beginning his experiments in 1837, Elliotson found that his patients could undergo major surgery without agony, and he applied these techniques whenever possible. This incurred the wrath of his fellow physicians, who clung to a firm belief that pain was necessary for healing. Consequently, this made many doctors eager to discredit Elliotson. Because he also believed in clairvoyance, they used this as extra ammunition and put his real work into the same category.

Despite open criticism and disguised enmity, Elliotson continued using and promoting "magnetism," and many younger doctors displayed great interest in his work. He gained so many followers that he was forced to perform many of his operations in the hospital amphitheater to seat all those who wished to attend.

In addition to using hypnosis in major operations, Elliotson also used "prestige suggestion" for some direct cures. He also conducted some experiments with trance diagnosis and predictions; yet he still probably did more actually to promote hypnotism to the medical world in a scientific way than any of his forerunners.

The medical community continued the attacks on him, however. This soon made him very unpopular with the public--and even less popular with the hospital authorities, who asked him to discontinue his experiments.

Firmly convinced he was right, he refused to stop. After a stormy scene, he left the hospital and university, never to return. And as you might expect, all traces of mesmerism were "cleaned away" behind him--by a specially appointed commission.

Another tragic blow had been aimed at the heart of hypnotism by the scientific community of the time, right at its leading scientific practitioner.

Elliotson continued to fight for medical acceptance of his experiments for over thirty years any way he could. He published a journal called "Zoist," which indirectly resulted in benefits for thousands of people in later years through the work of James Esdaile. But with most of his work ignored, he died a bitter man in 1868. It's a shame that he couldn't have enjoyed more of the respect he so justly deserved while he was still living.

James Braid

James Braid (1795-1860), a prominent Scottish surgeon, is most famous for coining the word "hypnosis" (derived from the Greek word *hypnos*, meaning sleep).

His work helped advance hypnosis greatly, as he was the first man to be recognized for scientific experimentation into the "why's" of mesmerism. He also developed another eye-fixation type induction technique with the use of bright light, and discovered how to enhance the trance with much more emphasis on vocal suggestions. He believed that the trance depended on the suggestibility of the subject, which could be influenced greatly by vocal suggestions from the hypnotist. This came to be called the *suggestions method*.

For these things Braid is also referred to as the "Father of Hypnosis"--a historic honor also shared with both Mesmer and Liebault.

Braid's hypnotic career began after seeing a "magnetism" demonstration in November of 1841--and he challenged the mystic claims of Mesmer. He branded the show as an insult to scientific intelligence; but felt compelled to see a demonstration at least one more time before dismissing it as fraud.

Fortunately, the second demonstration convinced him that the magnetizer had the subject under complete control, and Braid's curiosity now motivated him to find out how

this was done. The downside of this, however, was that Braid assumed that the subject was *under the magnetizer's power*--so in spite of his successes, he still followed down one of the same erroneous paths as the earlier pioneers of hypnosis.

After originally dismissing Mesmer's theories as a stubborn collection of old wives' tales, Braid still found himself confronted with a phenomenon without an acceptable explanation of its cause! But he concluded that there must be a physical cause, so he began his research. He theorized that a continued straining of the eyes could, through fatigue, result in a paralysis of the optic nerve centers, causing a condition that would much resemble sleep--thus his great interest in "fixed-gaze" (or eye-fixation) methods.

He experimented by having a friend stare continually at a wine bottle, and in less than three minutes had legitimate proof that magnetism had nothing to do with a mesmeristic sleep. His friend, and later his wife, proved to be excellent subjects, and Braid's experiments proved to be the indisputable origin of some of the scientific contributions to hypnotism. But he mistakenly assumed that something physiological took place as a result of the fixed-gaze techniques which created an absence of volition; thus Braid failed to realize that all hypnosis is self-hypnosis.

Also, as happens so often with hypnosis, his conservative British colleagues in the medical community gave him virtually no honor for his work, even though there were many accomplishments. He submitted reports to the British association and offered to do experiments for a special commission, but the offer was formally refused.

While Braid found little or no honor in his home country, his articles stirred considerable interest in France. Yet Azam, his French disciple who was considered a "quack" in France was lauded highly in England! And the "best minds" of the day did this to these pioneers of hypnosis???

The most important thing to remember about Braid's real contributions to hypnosis is that he was the first to stipulate that hypnotic sleep could be induced by physical agents--also adding that psychological conditions, *belief* and *expectation*, were necessary for successful induction.

It was in 1842 when Braid gave us the word "hypnotism"--which he tried to change later to "monoidiesm," as he found that the condition could also exist in a state that does not include sleep. However, the first name caught on so well that it remains to this day in spite of many efforts to change it. Even many modern day practitioners attempt to disguise the practice of hypnotism with other names such as "group meditation," "programmed imagery," "guided relaxation," "guided imagery" or "creative visualization," etc.; but the word "hypnosis" is obviously here to stay.

In 1843 Braid published the first work on hypnotism to be known as by that name, disclaiming the term "Braidism." And then, in 1847, he discovered "waking hypnosis," accomplishing in just six years more than had been done in over a century by hundreds of other experimenters.

Finally, in 1848, Braid wandered into phrenology and hypnogenic zones, ending research that would be considered valid by the scientific community. So yet another scientist exploring hypnosis in a scientific way explored unknown realms.

James Esdaile

While Braid was making quantum leaps with hypnosis, another Scottish doctor, James Esdaile (1808-1859), was experimenting and gaining permanent recognition in the history of hypnosis.

Stationed in Hoogly, India, Esdaile used hypnosis in surgery with astounding results; and even today many would say that his work with applied hypnosis almost borders on the fantastic.

Reports he submitted at the end of 1846 indicated that he had performed several thousand minor operations and about 300 major ones, including 19 amputations, all painlessly. Due mostly to the removal of post-operative shock through hypnosis, he cut the 50% mortality rate of that time down to less than 8%! (One book even reported less than 5%.) His report to the Medical Association was accepted, and he was assigned to the Calcutta hospital to continue "mesmeristic" operations.

While the Association considered mesmerism taboo at University Hospital, mesmerism could quite easily be expected to work for the uneducated masses in India. They were right, of course. In India, long known as the home of occult sciences, Esdaile was assured of success from the very beginning because of the common *belief* system. But when Esdaile returned home, he was unable to duplicate his work because of lack of belief and negative expectation; so his career went down the same dark path of discouragement taken by Elliotson.

Dave Elman gave Esdaile respect by referring to an ultra-deep hypnotic state as the Esdaile state (Chapter 13 of his book, *Hypnotherapy*, is entitled: *The Esdaile State*).

Doctor Burcq

A French physician, Dr. Burcq, played a minor but interesting part in the development of hypnotism about this time, although his name is rarely connected with hypnosis.

Dr. Burcq developed the science of "metaloscopy," which received recognition and respectability in medical ranks long before hypnosis did.

In metaloscopy, the sick were treated by the application of various metals, externally, to the afflicted portions of the anatomy. Iron was used for drawing out pustular lesions; lead placed over the heart was the specific metal used in anemia,

and so on. When these substances were applied and allowed to remain for various periods of time, spectacular changes were supposed to occur. In physical illness, it must be asked if the same changes would not have been affected through the body's own curative powers; in psychosomatic illnesses, one could easily assume that the cure was brought about by the *expectation* alone. And how much of this success might also be due to the effect of the other components of the hypnotic formula--*belief, imagination, and conviction*???

Even today some alternative therapies use pendulums and various gadgets for diagnosing, but it is not recognized as scientific--and when cures take place, it may be due to the placebo effect--which has the same components of the hypnotic formula. Or, said another way, perhaps these people are cured by *their own mind power*! And if this is true, then perhaps Dr. Burcq was indeed a facilitator of the *art* of helping many of his patients use the power of their own minds to heal themselves.

The Nancy School of Thought: Bernhiem and Liebault

In 1864 a country doctor, Ambroise August Liebault, settled in Nancy, France. He established his practice there, treating patients either hypnotically or with medicine.

Because his hypnotic treatments were free, they naturally became popular.

These treatments were only about ten minutes long, and Dr. Liebault made it quite clear that he had no supernatural power. He is the first man we know of to have taught that hypnosis is purely a matter of suggestion--so he courageously stepped foot on a new path!

Hippolite Bernheim, a professor of medicine at the Nancy Medical School, wrote an article discrediting Liebault as a fraud; but a visit to Liebault's clinic convinced him otherwise, because the doctor's methods were gaining results. He then

introduced Liebault's methods at his own clinic with equal or greater success.

Soon he returned to Nancy, joined Liebault, and with him founded history's most renowned center for hypnotic healing. He claimed success in eighty-five percent of his cases, claiming success even in a lead poisoning case.

On original cases, Bernheim kept very careful records, and published many of them "*De la Suggestion*" in 1884. In 1886 he published "*Suggestive Therapeutics*,"--which became widely used as a guide to medical hypnosis.

Bernhiem and Liebault are usually referred to as the founders of the School of Nancy, a school both in actuality and in thought. The theory of this school is that even the eye fatigue of Braid is unnecessary, and that hypnosis is a purely subjective thing. In other words, they correctly determined that psychological forces rather than physical forces caused hypnosis. As this theory is now generally accepted, we can say that the art of hypnosis took another giant leap forward.

Perhaps their biggest mistake, however, was in still believing that once a person was hypnotized, the power was with the physician rather than the person in hypnosis. On page 100 of *The Young Freud* (Billa Zanuso), the author says:

The basic theory of the Nancy school was that everything which occurred under hypnosis was caused by the physician's power of suggestion over the patient.

If Bernhiem and Liebault had realized that all hypnosis is really guided self-hypnosis, and that the power was really within the mind of the person being hypnotized, how would this have altered the course of hypnotism? The hypnotic formula must take place *within the mind of the person entering hypnosis*, not within the mind of the hypnotist--as was evidenced by Esdaile's lack of success in duplicating hypnotic anesthesia in Great Britain as he had done in India.

The School of Salpetriere: Charcot

At the same time Bernhiem and Liebault were studying hypnotism in Nancy, Dr. James Martin Charcot was experimenting with it in his clinic at Salpetriere. He was the first one to identify and label the various levels of hypnotic depth.

Although one of the most advanced neurologists of his day, Charcot made several mistakes when he approached the new subject. Basically, he believed that hypnosis was a phenomena that could best be studied with patients of hysteria--and taught that hypnosis was a pathological state.

In short, his view was that physical action was the cause of hypnosis rather than psychological suggestion, so his theories were in conflict with those of Liebault and Bernheim. Two other beliefs he had were in the somatic induction of hypnotic sleep by the touching of "hypnogenic zones," and in the validity of Dr. Burcq's metaloscopy theory.

Even though Charcot's basic ideas about hypnosis may have been incorrect, he made an important discovery in recognizing and naming various depth levels of hypnosis.

In 1878, Charcot and his pupils at the Academy proved these stages of hypnotic sleep by showing that the hypnotized subject is capable of showing different symptoms and passing different "tests" in each stage. This was the first attempt at a scientific classification of trance phenomena, and it is fortunate for the later history of hypnosis that Charcot adapted it. (It is reflected in modern times in the famous Davis-Husband scale of hypnotic depths, the frequently used LeCron-Bordeaux scale, and so on.)

It was in Charcot's treatise, "On the Distinct Nororaphy of the Different Phases of Sciences Comprised Under the Name of Hypnotism," that the three widely-accepted depths of hypnosis were first named and defined.

The names that Charcot applied to the stages, in order, are *LETHARGY*, *CATALEPSY*, and *SOMNAMBULISM*. Various hypnotists use other scales composing four, five, seven, or more stages of trance depth, but the three-step scale devised by Charcot continues to be the most practical today.

Charcot became recognized throughout the medical world for his contributions to the field of neurology, and his acceptance of hypnotism caused many doctors of that time to likewise accept it. His misconceptions were also unfortunately accepted, causing some time lapse in discovering more of the truths about hypnosis; still, another huge step forward had been taken.

19th Century Hypnosis at Its Height

Liebault, Bernhiem, and Charcot inspired many new men to enter the study of hypnotism at this time, and both public and medical acceptance of hypnotism as a science throughout Europe became a reality. Even though modern methods of hypnotherapy were not thought of yet, great strides were made in almost every medical field through the application of hypnosis by these scientific pioneers who explored various medical uses of hypnotism. The names of others who did important research or made interesting reports are too numerous to mention here.

Again, let's balance our enthusiasm with caution, as most of these earlier successes were due to the mistaken *belief* that the patient experienceing hypnosis was subject to the suggestion of the operator. Since this was the *expectation* on the part of both the subject as well as the hypnotist, we can only speculate on how many successes were really the result of the "placebo" effect--especially since most of these pioneers used *prestige suggestion* alone, a procedure which is allowable considering the much smaller understanding of

psychodynamics at that time. And because most patients were *convinced* that the physician was an authority on the use of hypnotism, they could easily *imagine* being under the power of the medical authority of the day.

What many refer to as *prestige suggestion*--the use of suggestion alone to bring about changes in a person's life--was called "bandaid therapy" by Charles Tebbetts.

As mentioned above, if a person in hypnosis could *imagine* direct suggestion alone "curing" him/her, and the *belief* brought about a total *conviction* that hypnotic suggestion would make a change, and the *expectation* was for the cure to be lasting, then the changes would be permanent. In practicing hypnotism for over six decades, Charles Tebbetts came to the conclusion that direct suggestion alone will not permanently remove a symptom unless one has a strong motivating desire to change *and* the problem is *not* the result of an emotionally traumatic event. In light of this, he felt that one should use hypnosis to help a client discover and release the *cause* of a problem.

Even mistakenly thinking the subject was "under their power," had these men of the early and mid-1800's used hypnosis to look for *causes* of problems (as is commonly done by *competently trained* hypnotherapists today), and then build upon belief, imagination, conviction and expectation--rather than simply suggesting symptom removal--hypnotherapy would have most certainly taken a different course in the 20th century. Instead, even with their breakthroughs, their lack of understanding of important key elements of the art of hypnosis resulted in hypnosis arriving at a historical crossroad--and Freud took the wrong fork in the road.

Breuer and Freud: Hypnosis advancement and regression

In 1880, a Dr. Joseph Breuer was treating a hysterical girl when he found that the patient could speak distinctly and

rationally in the hypnotic state, but had far greater resistance to personal conversation in the conscious state. He attempted direct questioning as to the *cause* of one of her symptoms--an inability to drink water from a cup--and found that she could *remember the cause*. This was impossible for her in the waking state. Her inability to drink stemmed from a time when she was nauseated by watching a dog drinking from a cup she had used; and when this fact was explained to her in the waking state, she both remembered the incident and regained her ability to drink from a cup! In other words, once the basic cause of her psychosomatic symptom was discovered, her symptom vanished.

This is the basis of both hypnoanalysis and psychoanalysis. It was a use of a hypnotherapy technique other than direct prestige suggestion, and produced much more lasting results.

Another contribution Breuer made to the field of hypnoanalysis was the discovery of *free association*. Using this, it is possible for the analyst to get information which cannot otherwise be reached due to resistance, modesty, mental blocks, or insufficient trance depth. It was the ability of free association to be used in light stages of sleep that soon led to the discovery by Sigmund Freud of psychoanalysis.

Freud, attracted to research by Breuer, had already been a student of hypnosis at both the Nancy and Salpêtrière schools. According to Billa Zanusso, author of *The Young Freud*, he disagreed with Charcot in two important areas. First, Freud discarded the theory about hypnosis being useful only for hysterics. Second, he did not believe that deep levels of hypnosis were necessary for change; but, rather, suggestions could be accepted and past events recalled even in a light state of hypnosis. Unfortunately for the future of hypnotism at that time, however, Freud was apparently a poor artist at the skill of inductions. He admitted that he wearied quickly of the "monotony of the sleep suggestions."

When working with one patient, Freud was unable to produce a hypnotic trance, and had almost reached the point of despair when--in desperation--he hit on the idea of trying free association in the waking state. The case proved to be successful, and Freud apparently welcomed the opportunity to drop hypnosis from his methods, creating and publicizing the technique of *psychoanalysis*. He then taught that psychoanalysis was now "the executor of the estate left by hypnotism."

Since resistance could be overcome without hypnosis, another "selling point" of hypnotism was lost, and Freud now led a general abandonment of its use. Yet, according to James Russell, PhD, author of *Psychosemantic Parenthetics* (and researcher of hypnosis), Freud still used forms of hypnosis even after he supposedly abandoned its use. Yet he now discouraged many practitioners from using hypnosis by teaching that psychosomatic symptoms served an important economic function in the psychic life of the patient, so that the use of hypnosis by prestige suggestions to remove the symptoms was irrational.

As we know today, suggestion alone is often insufficient for permanent results; thus, the discovery of numerous "relapses" and conversion symptoms during that time almost succeeded in dealing the art of hypnosis a death blow. From literally thousands of articles written about it annually, the number dwindled to several dozen.

Despite its terrific advancement, Freud managed to give hypnosis a hypnotic regression backwards in time--with its flames of interest just barely flickering.

The Most Common Mistake of the Pioneers

There is a common thread running through the accounts discussed so far in this chapter: all these researchers believed that *they* had the power--and that the persons subject to their

experiments gave up their free will and *subjected* themselves to the operator (hence the word *subject*).

Nicholas Spanos and John Chaves write, in *Hypnosis: The Cognitive-Behavioral Perspective*:

The history of hypnosis contains repeated references to the so-called classic suggestion effect, the apparent absence of volition in the performances of hypnosis subjects. This apparent lack of agency was not problematic to those scientists and practitioners who subscribed to the mental state theory. Given that the person was regarded as an object or organism, the scientific observer would merely record evidence of purported happenings within the organism. It was thus irrelevant to raise the question whether the subject willfully performed a particular action (p. 403).

Note carefully that last statement: "It was thus irrelevant to raise the question whether the subject willfully performed a particular action." The authors also point out on page 79 of the same work the fact that both Mesmer and Puysegur claimed that results depended upon the "special prowess or supernatural skills" of the hypnotist, causing the "magnetized" person to behave as a virtual automaton. They go on to say:

...an inspection of influential writings from the latter half of the nineteenth century compels the conclusion that helplessness on the part of the subject was seen as an essential feature of successful hypnosis. The idea that a loss of volition constituted ultimate proof that the subject was hypnotized emanated from the influential hypnosis theories of the day (p. 79).

Was this client-centered hypnotherapy? I don't think so!

Perhaps if any of our pioneers had understood all the components of the hypnotic formula they might have come to the conclusion that all hypnosis is guided self-hypnosis, or vice versa. Or had even Freud taken a quantum leap forward and realized the above, both the history of hypnosis and the history of psychology would have been forever altered.

But now the 20th Century dawned with hypnosis virtually in the dark ages again--but this century would find an amazing hypnotic evolution taking place in its latter decades.

20th Century Hypnosis

Janet, Bramwell, Sidis, and Coue

During the time between Freud's discoveries and World War I, only the efforts of a few interested men kept hypnosis from being forgotten entirely. Even Liebault, who had done so much with it, hardly regarded it as having any real or lasting value. The few who carried the torch include Pierre Janet in France, J. Milne Bramwell in Great Britain, and Boris Sidis in the United States. Emile Coue also made some lasting contributions, especially with his theories of waking hypnosis and autosuggestion.

The light shines again on hypnosis

After the first world war, there were many cases of war neuroses and other trauma caused by the anxiety of war and by a shortage of psychotherapists. The need for qualified doctors was still acute, and an extreme need was evident for a fast method of therapy. In desperation the medical profession turned again to hypnosis, and the answer was there--as it has been since the dawn of time.

Also, as throughout time, entertainers and masters in the art of stage hypnosis--such as Ormond McGill and other stage "magicians"--have preserved public interest in hypnosis through numerous entertaining public demonstrations. And

Charles Tebbetts himself also did his share of stage hypnosis during the earlier part of the 20th Century.

In the second world war, hypnosis was again needed in numerous treatments; also, doctors in Prisoner-of-War hospitals, denied drugs, were forced to use suggestive anaesthesia alone. They were surprised--and pleased--to learn not only that hypnotism worked, but that in most cases the healing was actually promoted. The reports of these men became available after the war; and young doctors, unafraid of new techniques, began applying hypnosis in dentistry, obstetrics, dermatology and other fields. Once again, the use of medical applications of hypnosis was on the upswing.

Dave Elman helped the upswing in the medical community by the middle of this century by teaching hypnosis to many in the medical profession; and the Council on Mental Health of the American Medical Association finally accepted the use of hypnosis in 1958.

And perhaps the most important contributor to the acceptance of both medical uses of hypnotism and the art of hypnotherapy in the 20th Century was a psychiatrist whom some call the *father of counseling hypnotherapy*--who also deserves the title *grandfather of hypnotherapy*--Dr. Milton Erickson.

So great are this man's accomplishments that one could spend years just studying them. People with outstanding professional credentials have examined, analyzed, and written books about the work of Dr. Erickson; and some of his past students have produced an audio cassette of Dr. Erickson's voice--to *go with you!*

What is interesting to note is that high numbers of people with medical backgrounds or other advanced academic degrees approach the work of Dr. Erickson primarily from an analytical standpoint trying to draw analytical conclusions as to why he did certain things the way he did. At the same time, many professional hypnotherapists who approach hyp-

notherapy more as an art consider Dr. Erickson to be a master of hypnosis who worked *intuitively*.

In the summer of 1991 I was invited to go to Princeton to present a workshop on some of the Tebbetts methods for the International Society of Professional Hypnosis. One of the people attending my workshop was a psychiatrist who told me that he had been a personal friend of Dr. Milton Erickson. When I asked him whether Dr. Erickson worked intuitively as an artist, or purely as a scientist of hypnosis, his answer was: "*Milt was an intuitive master of the art!*" Perhaps he was both a scientist and an artist.

Besides Milton Erickson, 20th century researchers within the scientific community with advanced degrees who have contributed to hypnosis in a *scientific* manner are people whose names are familiar to most modern hypnotists: Rosen, Abramson, Menninger, Shenek, Magonet, Wolberg, LeCron, Bordeaux, Weitzenhoffer, Erwin (doing amazing things with burn patients), Simonton (contributing outstanding work with cancer patients), and more--who have worked countless hours to research numerous applications of hypnosis.

The American Society of Clinical Hypnosis was eventually born (A.S.C.H.), and hypnosis is now recognized by the American Medical Association as a science that is here to stay. But is hypnosis *only to be done as a science*?

The ART of Hypnotherapy: Birth of a New Profession

As Dr. Erickson began his vitally important work, the seeds were already beginning to grow for the birth of hypnotherapy as an *art*--a profession composed of men and women dedicated to the use of hypnotherapy to help people improve their lives. Although some medical applications of hypnosis are used when done with a written referral (or direct supervision) of an examining physician, there are

countless non-medical uses for hypnosis that do not require advanced degrees--such as motivation, habit control, etc.

Countless numbers of clients have been helped by those of us who are trained in the art of hypnosis and call ourselves *hypnotherapists* regardless of our academic degrees. And this has been proven over a number of years by hundreds of thousands of former smokers who no longer smoke--as well as by countless more whose lives have been improved by non-medical uses of hypnosis.

But in a strange twist of history repeating itself, some of the worst criticism of professional hypnotherapists comes--even while this book is being written--from the *very same psychological and medical communities researching and advocating the scientific uses of hypnotism!*

Men and women across the country who devote their lives to the art of hypnotherapy are called "lay hypnotists" in a condescending way even though they may have had hundreds of hours of training and many thousands of hours of full-time experience! Yet many 20th Century scientific researchers with the advanced degrees have engaged in experiments that are quite insensitive to their subjects--incorporating some rather bizarre suggestions in the name of science. I will not detail them in this book.

Some people in the medical community--as well as many clinical psychologists--would like to suppress and outlaw the use of hypnosis by others, and gain legal control of its use for themselves. (Isn't this reminiscent of how the elite in ancient times sought to preserve the secrets of trance inductions?)

They have created a gulf between themselves and the hypnotherapy profession. I call this the *Great Gulf*--and if a select few had their way, untold thousands of hypnotherapists in every state would lose their livelihood and millions of Americans would lose the power of choice while the elite dictated who could legally facilitate hypnosis. And

there would be far more smokers in this country today if it weren't for the fact that hypnotherapy is a *legitimate profession*. Furthermore, many so-called "lay hypnotists" who practice *only* hypnotherapy have far more experience than those in other professions who only use hypnosis occasionally.

Is the Great Gulf real?

So is there really a gulf between science and art?

Some hypnotherapists have tried to convince me that this "gulf" between the artists and the scientists of hypnosis is only in my imagination, and cannot exist if I don't put any energy into it. But ignoring it won't make it go away. Some unfortunate hypnotherapists in Texas tried ignoring this gulf, and woke up one morning only to find their livelihoods legislated out of existence! As of 1995, a well-trained veteran hypnotherapist cannot legally practice hypnotherapy in Texas; but a *mental health counselor* can practice hypnosis after a 3-day course or less--or even if only self-taught!

The A.S.C.H. has actively attacked the hypnotherapy profession by telling people that hypnosis is "unprofessional" and dangerous unless done by someone with advanced degrees plus state licensing in professions they represent, no matter how beneficial the results! This has been done through the media and in writing; yet many of those who criticize "lay" hypnotherapists actually received their training in hypnosis from members of the very group they attack.

In many ways this resembles the war between the A.M.A. and chiropractors, which has lasted for many years. But chiropractors are here to stay, as the public should have the freedom of alternative choices in health care. Chiropractors now control their own profession--*as should we!*

Interestingly enough, the A.S.C.H. was not the first hypnosis association to be born in this country. In Washington, a state association was founded in the late 1940's. Additionally,

the National Guild of Hypnotists (N.G.H.) was founded in 1951, pre-dating the A.S.C.H., and there are increasing numbers from the scientific community bridging the gulf and affiliating with the N.G.H. and/or other hypnotherapy associations that have formed through the years.

So do I give this gulf energy by being aware of it? My preference is to put energy into building bridges across it! One large hypnosis association has indicated in writing a policy of bridge-building; and I believe that more bridges **MUST** be built. Both the scientific community AND hypnotherapy must find ways to enhance communication and cooperation to bridge the gulf and keep hypnotherapy alive.

Crossing the Great Gulf

There are many in the medical and academic communities who are already crossing the gulf--becoming very accepting of certified hypnotherapists who might not have the more advanced degrees (or state licensing), wisely basing their opinions on the fact that *results are more important than academic credentials!*

Donald Gibbons, PhD, was once a member of A.S.C.H. With a background as a clinical psychologist, he recognized the value of those called "lay hypnotists" who are competent enough to use hypnotherapy within the scope of their training and experience; thus he became involved in the hypnotherapy profession. He left the A.S.C.H. and joined a hypnotherapy association (The International Society of Professional Hypnosis), eventually becoming its executive director.

Another modern pioneer, Dr. Arthur Winkler, bridged the gulf by establishing a professional training program for hypnotherapists--without discriminating against those who lack advanced degrees. He obtained his PhD in clinical psychology as well as a doctorate in theology, but then chose to become a hypnotherapist instead of a clinical psychologist.

Dr. Winkler has hypnotized over 36,000 individual clients throughout his career, conducting much research with hypnotherapy, and has bridged the gulf between medical hypnotherapists and the so-called "lay hypnotists" by teaching hypnotism to both physicians (and others who approach it as a science) as well as those who believe it to be an art. His wife, Pamela Winkler, PhD, also has a background as a psychologist--yet has done much to close the chasm between the scientists and the artists by promoting her husband's training program throughout the country.

Dr. Bernie Siegel, who has done wonders with hypnosis in the treatment of cancer, has gone so far as to recommend hypnotherapy in his book, *Love, Medicine & Miracles*:

A hypnotherapist can be valuable in the beginning, especially if the patient has trouble entering the state of deep relaxation. No matter who sets the course for the first meditative sessions--doctor, counselor, hypnotherapist, or the patient...(p. 230)

Dr. Siegel has helped bridge the gulf by evidencing public acceptance of the hypnotherapy profession, both in his book and elsewhere. Dr. Irene Hickman, Dr. Edith Fiore, Dr. James Russell, Dr. Maurice Kouguell, and numerous others are also bringing in an era of greater mutual acceptance and cooperation.

In addition, increasing numbers of physicians, psychiatrists and psychologists are referring some of their patients to hypnotherapists when hypnotherapy is called for; and ethical hypnotherapists who know their limitations are referring clients back to other professionals when appropriate.

Where Is Hypnotherapy Today?

In the later decades of the 20th century, hypnotherapy has finally come into its own and is now skyrocketing as a

profession, thanks not only to people who span the great gulf like the Winklers and others mentioned above, but also to those who have worked almost exclusively in the training of professional hypnotherapists and/or creating professional associations catering to those whom the A.S.C.H. refers to as "lay hypnotists"--the *full-time professional hypnotherapists*.

Charles Tebbetts became a living legend during his lifetime. He taught client-centered techniques, and also taught emphatically that all hypnosis is guided self-hypnosis--*truly making hypnosis an art*.

Also, names (in alphabetical order) like Harry Aarons (founder of the Association to Advance Ethical Hypnosis), Gil Boyne (American Council of Hypnotist Examiners), Dwight Damon (National Guild of Hypnotists), Tad James (author and internationally known trainer) Al Krasner (American Institute of Hypnotherapy), Sol Lewis (hypnosis instructor with decades of experience), Ormond McGill (author of numerous books, and honored with the title of the Dean of Hypnosis), Anne Spencer (The International Medical Dental Hypnotherapy Association), and others, are likely to become legends in the history of hypnotherapy as a profession. Furthermore, people almost too numerous to list have promoted hypnotherapy without discrimination!

Numerous state and national professional hypnotherapy associations have sprung up in recent years--both in United States and internationally--promoting hypnotherapy as a career to people outside the medical community who wish to devote themselves *full-time* to the practice of the art.

Legal Recognition of Hypnotherapy

What I believe will go down in history as one of the biggest breakthroughs for the hypnotherapy profession came in 1987 in Washington State, when a state law was passed legally recognizing the hypnotherapy profession. This happened

through the combined efforts of Charles Tebbetts, Fred Gilmore (a director of a state hypnosis association, the Washington Hypnosis Association), and a state senator at the time, Bill Kiskaddon, MSW--who was a certified hypnotherapist as well as a credentialed family and marriage counselor. The former Senator Kiskaddon also deserves a place in history for his work in getting hypnotherapy legally recognized in Washington State.

Even though the United States Dictionary of Occupation Titles defines Hypnotherapist as a profession, the passage of Substitute House Bill No. 129 in Washington has accomplished three great benefits for hypnotherapy within the state: *first*, it has provided some degree of public safety by requiring all hypnotherapists to register with the professional licensing division and adhere to the Uniform Disciplinary Code requiring certain professional ethics (discussed further in Chapter 9); *second*, this legal recognition has helped hypnotherapy take a quantum leap within Washington. And finally, by early 1996, this recognition has at long last paved the way for insurance reimbursement in health plans.

Other states are contemplating similar legislation--and it is in the best public interest for hypnotherapy to remain *both legal and self-regulated* by the hypnotherapy profession. Just as chiropractors oppose regulation by physicians, neither do hypnotherapists wish to be regulated by psychologists.

The Future of Hypnosis

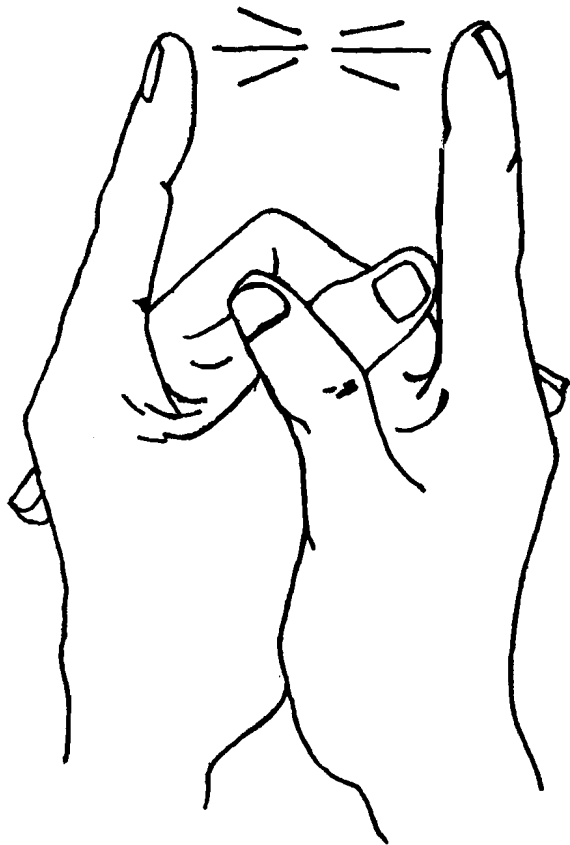
The *Hypnosis Motivation Institute* in California, founded in 1967 by Dr. John Kappas, has one of the best hypnosis training programs in the country. Additionally, and perhaps even more significant, Dr. Kappas was instrumental in obtaining legislative assistance from an affiliate of the AFL/CIO to help keep hypnotherapy legal. The *National Guild of Hypnotists* eventually jumped on board by forming O.P.E.I.U. Local 104, and played a key role in stopping

detrimental legislation in Florida. Other hypnotherapy locals already exist, and more are planned; and have now formed a national council. Also, a unifying organization was founded called the *Council of Professional Hypnosis Organizations* (C.O.P.H.O.) to create national acceptance of hypnotherapy, as well as to work with the Union to obtain legislation in other states similar to that of Washington State. As of this book's revision, bills have now been submitted in several states for the registration of hypnotherapists--with a training requirement of 100 hours of instruction. (While many feel 100 hours is low, at least it's a start!) The various hypnotherapy locals wish to promote greater professionalism of hypnotherapy as well as to help assure its legal survival and acceptance as a self-regulating profession, free of control by the psychology profession or by the A.M.A.

Many thousands of hypnotherapists are involved in non-medical applications of hypnosis, as well as some medical applications under medical referral and/or supervision. Furthermore, increasing numbers of people with medical backgrounds and other more advanced degrees are supporting the various professional hypnosis organizations; and they are all working to help promote hypnotherapy in a way that will finally bring it out of the dark ages once and for all.

In addition to all of the above, another modern day pioneer, Penny Dutton Raffa, founded the *International Hypnosis Hall of Fame*, an organization established to recognize people who make outstanding contributions to the field of hypnotism. Whether working as a scientist, or as an artist like Charles Tebbetts, those nominated by their peers and deemed worthy by a committee are honored. Mrs. Raffa believes that those honored today will be recognized as the historical pioneers of hypnotherapy tomorrow.

The future of hypnosis finally looks bright--perhaps bright enough to grow and develop to its true full potential.



Chapter 4

The Dual Roles of Suggestibility Tests

Before we hypnotize someone, there is some preliminary work we can do that will help increase our chances of success. This will involve one or two simple “tests” of a person’s ability to respond to suggestion and imagination. They are called *suggestibility tests*. (Some researchers have called them waking suggestions.)

Most hypnotherapy instructors, including Charles Tebbetts, have taught that the main purpose for a suggestibility test is *therapist oriented*: simply to test a client’s ability to respond to suggestion as well as to determine the best techniques for hypnotic induction and deepening.

My professional experience has successfully demonstrated to me that an even greater benefit in the use of suggestibility tests is actually *client oriented*--in helping sell the client on the fact that he/she can be hypnotized! (Mr. Tebbetts, however, also recognized the value in using these tests to help build a client’s mental expectancy before hypnosis, but wrote it almost as a footnote at the very end of the subsection on suggestibility tests in Chapter 8 of *Miracles on Demand*.)

The way you ask a client to respond to any suggestibility test can actually make him or her more receptive to hypnosis! *What you say and how you say it* strengthens the impact. Artful use of such a test will usually build on all the ingredients of the hypnotic formula (*belief, imagination, expectation and conviction*--discussed in chapter 2 of this book)

and help replace a client's fear of hypnosis with comfort and confidence in both you and in the hypnotic process itself.

Wording Is Important

Since what you say and how you say it can increase or decrease your chances of success, read this section carefully.

Before the suggestibility test

Since many people have "test anxiety," you should avoid using the word "test" in your explanation--as this could push their buttons. Furthermore, suggestibility is often equated with being gullible; so the phrase "suggestibility test" should only be used with other hypnotherapists.

The best way to explain what you are doing with a client is to say:

I'm going to give you an opportunity to discover the power of your imagination...

Why say this??? First of all, from childhood up we all like to *find* things or *discover* things. If you wish, you could substitute the word *find* for the word *discover*. Secondly, the words "the power of your imagination" become *client-empowering* because I am demonstrating that it is their own power of imagination at work. Also I tell my clients I'm going to "give" them something--and we like to be *given* to.

Do NOT say that you will test their ability to respond to suggestion, as has been recommended even in print by others. Some people have test anxiety (which can inhibit their comfort levels and possibly inhibit response), and others equate suggestibility with susceptibility or gullibility.

After the suggestibility test(s)

Make full use of your client's response to a suggestibility test by saying:

Your fingers (or hands) did not move because I told them to--they moved because YOU imagined the magnets (or bucket). The power of hypnosis is in what you imagine. I'm only a guide--I can say the right words, but it is up to you to follow my instructions.

By saying this, you have just helped your client appreciate the role of *imagination*. Furthermore, you have helped him/her *believe* that something will happen when it is imagined, because it already has! And if he/she follows your simple instructions, as was just demonstrated, the client can *expect* something to happen--because the subconscious does not know the difference between fact and fantasy, and responds to what is imagined just as though it is real.

In short, *imagination is the language of the subconscious*.

Your words as a hypnotist should help the client use the imagination in a positive way, since the imagination is the *rehearsal room* of the mind. We can do anything we wish in our imaginations; and even though the conscious mind knows that it is not real, the subconscious reacts as though it IS real. Isn't that why we can cry in a good movie?

Now let's look at how I do suggestibility tests. I teach the same three that Charles Tebbetts taught, but with important variations...

Tebbetts Suggestibility Tests (Roy Hunter style)

The Magnetic Fingers

This is my favorite, because it's fast, easy and effective.

I would like you to put both hands together and interlace your fingers. Now, straighten out both index fingers, and separate them about an inch. Now imagine a strong, irresistible force pulling your index fingers together as though you have magnets with opposite poles on your fingers. Now the magnets are twice as big, twice as strong.

The moment they close, immediately explain to your client why their fingers moved (as explained previously). Charles Tebbetts recommended that we normally use two tests, so choose one of the next two (or skip this one and use both of the others).

Variation on Wolberg Arm Levitation

Stretch your arms out in front of you and close your eyes.

Wait for response.

I am not going to hypnotize you quite yet. As I said, this is just a demonstration to help you find out how powerful your own imagination is, as well as to help me determine which hypnotic techniques best fit your personality.

Imagine that I am tying a cord around your wrist...

Lightly touch client's wrist.

Imagine that a large balloon is tied to the other end of the cord, tugging your arm upward. SEE the balloon and FEEL it tugging.

Now, imagine that you're holding an empty bucket in your other hand, and I'm pouring water into the bucket. SEE the water pouring, HEAR the water splashing, and FEEL the bucket getting heavier as it gets fuller and fuller... heavier and heavier... pulling your arm down... heavier and heavier, fuller and fuller... as your other arm gets higher and higher.

When there is an obvious movement with one or both arms, stop the script and say:

Now, open your eyes and look at your arms.

Mr. Tebbetts had his clients imagine an iron dumbbell rather than a bucket. Some hypnotherapists have clients im-

agine a bag or bucket of sand. My preference for the water bucket is due to the fact that people who are primarily auditory may be far less responsive to the iron weight or sand--while they can easily imagine the *sound of splashing water!*

Magnetic Hands

The following technique is one that Charles Tebbetts used frequently, and openly gave credit to Gil Boyne for originating...

Now hold both of your arms out straight in front of you, elbows straight, finger out straight, thumbs up.

Push his/her hands apart about 36 inches, then together, then about 24 inches apart. Then, place your index finger at a point half-way between client's hands.

Stare at my finger. I am going to count from three to one. At the count of one, close your eyelids down, and keep your eyes in the same position, staring at the spot where you last saw my finger... three... two... one... eyes closed.

Now, imagine that I am placing a magnet in the palm of this hand...

Touch one of his/her hands.

...and now one with an opposite pole in your other hand.

Imagine the magnets drawing your hands together... pulling and drawing, pulling and tugging... feel the magnets tugging, closer and closer now... closing now...

When they touch, just let them drop into your lap, relax, and open your eyes.

True to the prediction of my former teacher and mentor, these three suggestibility tests have been sufficient to serve my practice adequately in my full-time experience of over 13

years. But if you wish to have more to choose from, there are numerous books on hypnotic techniques which cover them. Before his death, Charles Tebbetts gave a very high personal recommendation to *Hypnosis: the Induction of Conviction* by Dr. John C. Hughes (National Guild of Hypnotists). The reader will find several excellent suggestibility tests to choose from in Chapter 10 of his book. Another book, entitled *General Techniques of Hypnotism* (by Andre Weitzenhoffer, PhD), devotes two chapters to various suggestibility tests and variations (which he calls waking suggestions). These two books alone should give you enough suggestibility tests to last a lifetime if you wish to choose from a variety of them.

Should You Use Suggestibility Tests Every Time?

I recommend that you consistently use at least one suggestibility test with *every first session* you have with a client. It is solely at your discretion to determine whether or not to use them with the repeat sessions once rapport has been built and you know how well your client responds to the entire hypnotic process.

Before You Begin Hypnosis...

So now you've finished the suggestibility tests and you are ready to hypnotize your client. Now what?

Charles Tebbetts required all his students to memorize the following words and say them verbatim to a client just prior to the use of any hypnotic induction:

Are you ready to be hypnotized?

All hypnosis is self-hypnosis. If you follow my simple instructions, no power on earth can keep you from being hypnotized. You can resist if you want to, but that is not why you are here. Just follow my simple instructions, and you are about to enjoy a very pleasant, relaxing experience.

The question, "Are you ready to be hypnotized?" is what I call the *magic question*. One of my students dubbed the paragraph following that statement as the "logo" during one of my classes, and that nickname quickly caught on and has stuck to this day with each successive class.

Whenever I hypnotize a client for the first time, I will incorporate all of the above statements into my discussion prior to hypnosis; but I elaborate.

For example: I tell clients that if I suggest they imagine being in a peaceful place, but they imagine the freeway during the rush hour traffic, they won't be getting their money's worth. I then go on by asking, "If I suggest that you imagine being at your ideal weight, and you fantasize eating chocolate candy instead, what message will you be sending to your subconscious mind?"

I explain that I'm like a guide, a facilitator, or an artist who can say the right words, but it is up to each client to follow my simple instructions. Then I ask if they are ready to enter hypnosis.

Why ask the magic question? The first time you are hypnotized *before you are ready* you will fully understand the answer--as I did once when I had to bring myself up out of deep hypnosis in order to use the facilities. Some people may wish to remove contact lenses, or kick off their shoes, etc., or step outside and have a smoke. And even if they are ready, failure to ask permission as you start could create slight resistance or resentment.

Now that both you and your client are ready, use the hypnotic induction you have chosen and go for it.

Chapter 5

Inductions and Awakening

Even though all hypnosis is guided self-hypnosis, the facilitator who is competent and confident with the art of hypnosis must make it easy for a client to follow his/her guidance into the state of hypnosis--or, more accurately stated, the artist must induce hypnosis! This is called a hypnotic induction.

Many researchers of hypnosis in the scientific community know numerous techniques; and though it's not necessary for the average hypnotherapist to have an encyclopedia of hypnotic inductions memorized, it's very unwise to know only one or two inductions.

Countless hypnotherapists and counselors who use hypnosis have made the unwise mistake of mastering only one or two induction techniques. Unfortunately, there is no induction technique which works on all the people all the time; therefore it is imperative for the professional hypnotherapist to master a variety of techniques in order to increase the probability of client success. Said another way, you must *fit the technique to your client rather than trying to fit the client to your technique*.

How Do We Induce Hypnosis?

Charles Tebbetts wrote in Chapter 8 of *Miracles on Demand*:

The moment the critical activity of the conscious mind slows down, the instant of passivity occurs. At this

moment, the hypnotist gives the subject suggestions that cause him to bypass the critical factor and the trance state of hypnosis is achieved.

He continues to explain what he taught in Edmonds. All hypnotic inductions fall into six basic categories, or types; and every induction technique incorporates one or more of the six basic types. I call these the building blocks of all induction techniques.

When I studied at his school, Mr. Tebbetts taught us enough induction techniques to incorporate all of the six basic types. He furthermore wanted us to practice them enough to develop confidence and competence with all of them. Also, there are two styles of hypnotic techniques, both inductions and otherwise: *maternal* (gentle, permissive or lulling) and *paternal* (spoken with authority).

In my classes at Tacoma Community College, I also teach my students enough techniques to develop skill with all of the six basic induction types as categorized by Mr. Tebbetts. Any master of the art of hypnosis, with an understanding of these six basic induction types, can blend them skillfully to create almost limitless induction techniques much the same as a painter can mix the three primary colors to create numerous shades of colors to paint with.

This chapter's objective is to provide both the professional and the student of hypnosis with that same information, as well as the techniques as I teach them at Tacoma Community College. And before you practice any induction type, make certain you understand the section at the end of this chapter on awakening! If you wish, you may substitute the words *peace*, *relax* or *relaxation* instead of "sleep."

Editorial comments are in normal print.

What to say is in bold print.

Instructions are in italics.

Induction Type #1: Eye Fixation

Hypnotic inductions portrayed by Hollywood often utilize some method of eye fixation. Any induction which has someone staring at a candle, gazing at a spot on the wall, or following a moving object such as a swinging pocket watch or spinning crystal or spiral, etc., is an example of eye fixation. The *fixed-gaze* inductions so popular in the 19th Century were examples of eye fixation.

Charles Tebbetts taught that inductions depending *solely* on eye fixation or eye fascination had a higher than average failure rate. And my personal experience is that I fail to respond to eye fixation methods myself, as I am auditory and kinaesthetic--but not very visual.

Perhaps some who have researched hypnosis scientifically and relied too much on eye fixation methods have mistakenly believed that some people are "insusceptible" because they resist eye fixation techniques the same way I do. (I can go very deep with some techniques and be unresponsive with others. Furthermore, since all hypnosis is self-hypnosis, *I have to want to be hypnotized* in order to respond to any induction at all.)

In my own classes those students who are not visual also seem to have the greatest difficulty responding to eye-fixation techniques. Mr. Tebbetts still, nonetheless, used to give his students an induction utilizing eye fixation along with eye-closure suggestions on their first night in Basic Hypnosis. He felt that every hypnotist should at least know how to use eye-fixation techniques for the benefit of clients who respond to them. And with his permission (and his insistence), I have reproduced it verbatim for my professional hypnotherapy classes since 1987--and have included it in this chapter. Out of respect for my former mentor, it is reproduced in the rest

of this subsection *exactly* as Mr. & Mrs. Tebbetts gave it to me years ago (except "client" replaces "subject").

Charles Tebbetts Maternal Eye-Fixation Induction...

***Are you ready to be hypnotized?**

***All hypnosis is self-hypnosis. If you follow my simple instructions, no power on earth can keep you from being hypnotized. You can resist if you want to, but that is not why you are here. Just follow my simple instructions, and you are about to enjoy a very pleasant, relaxing experience.**

Your ability to become hypnotized depends largely upon your ability to focus your entire attention upon a small spot or object. In this case, the spot will be my (ring) (pen) (fingernail). Focus your eyes on my (ring) (pen) (fingernail) and don't let your eyes leave it for a single second.

Hold your hand about 12 inches from the client's eyes, raise it to a position where it causes a slight strain on his/her eyes (about 18 inches above eye level) each time you ask him/her to take the following deep breaths. Be certain you keep it within his or her range of vision. As the client exhales, lower your hand to its original position. Keep it in the raised position after the third breath.

All right, as you continue to stare at my (ring) (pen) (fingernail), take a long, deep breath and hold it in . . . hold it in. Now let it all out and relax all over.

Lower your hand slowly.

SLEEP NOW. Take another long, deep breath. Hold it longer this time . . . now let it all out and relax even more...

Lower your hand again.

SLEEP NOW. Again, inhale, hold it in. I am going to keep my hand up this time. Keep staring at my (ring) (pen) (fingernail). Now, exhale . . . and let a WAVE of relaxation

go from the top of your head all the way down to the tips of your toes.

Keep your hand in a raised position.

I am going to count from five down to one. As I count, your eyelids become heavy, droopy, drowsy, and sleepy.

As you count, move your hand a little closer to the client's face and move it slowly downward. At number ONE, it will be six or eight inches below eye level.

Number five . . . Eyelids heavy, droopy, drowsy, and sleepy.

Number four . . . Heavier with every number you hear.

Three . . . If your eyes go out of focus, that's all right. The next time you blink, that is hypnosis coming on.

Two . . . Your tired eyelids want to close down. Closing, closing, closing down now.

One . . . Now let your eyelids close down (if they have not already done so), and relax all over.

Always use at least one positive and beneficial suggestion while your client is hypnotized -- such as one or more of the following examples:

You always enjoy the pleasant, relaxed feeling of hypnosis because your body becomes completely normalized when you relax. Your glands work in harmony with one another; your body chemistry is perfectly balanced; and you feel good. You also feel good when you come out of hypnosis -- better than you have felt for years -- not because I say so, but because your body is so completely normalized. You feel good about yourself and you feel good about the world around you. You feel great!

HISTORICAL NOTE: Mr. & Mrs. Tebbetts required students to memorize the "magic question" as well as the

asterisked paragraph following it, and say those words before any hypnotic induction. At their request, my students still have the same requirement.

Chapter 4 explains how I weave those words into preparing my client for hypnosis. Review it if necessary.

Type #2: Relaxation (or Fatigue of Nervous System)

All induction techniques which simply have the client physically and mentally relax with his/her eyes closed use relaxation as one of the building blocks.

All progressive relaxation, or *fractional relaxation* techniques fit into this category, as well as "guided imagery" or Ericksonian story-telling inductions requiring no physical response on the part of the client during the induction.

Charles Tebbetts referred to relaxation inductions as *fatigue of the nervous system*, and can be quoted as frequently saying, "This method usually bores the client into hypnosis." He believed that highly analytical people would generally resist this induction type on the first session. However, my own experience has proven that even analytical people can sometimes respond to a progressive relaxation type induction, provided they want to and it is done in an artistic way. A thorough explanation of hypnosis must be given ahead of time, as well as competent use of suggestibility tests to enhance belief, imagination, conviction and expectancy.

Successful use of an induction using relaxation alone, then, requires both client cooperation and artistic use of your voice. As with any induction, remember to ask the "magic question" before you begin.

Here is what I say (pausing briefly at the dots...):

The Roy Hunter Progressive Relaxation Induction

Whenever you're ready to begin, just close your eyes and take several deeeeeeep breaths... and relax...

Just take a journey of Imagination, and imagine yourself in a safe, beautiful place of peace... Imagine sights, sounds, and feelings that are so peaceful, so comfortable, and so relaxing, that it's easier and easier to relax with each breath you take...

Notice how your thoughts can occur many times faster than the words of the spoken voice, so it makes no difference whether your conscious thoughts are listening, or drifting and wandering, or both, because your subconscious can respond to every word simply because you choose to allow it...

So you are free to imagine more vividly such total tranquility that it becomes easy for you to become a part of the peace that you imagine...

So just make it more real now by imagining a relaxation moving into your toes and your feet. And with each breath you take, it becomes easier and easier to go deeper and deeper relaxed...

So just let this imaginary relaxation become more and more real as you move it through your ankles into your calves... every nerve and muscle responding to your desire to relax...

The relaxation just flows through your knees into your thighs, spreading up into your hips and stomach muscles... circling your waist... spreading up into your back... moving into the back of your shoulders and into the top of your shoulders, just as though gentle fingers have given you a soothing massage, and it just feels so relaxing that it's easier and easier to go deeper and deeper relaxed...

Just let that relaxation spread up the back of your neck and into your scalp. And the more you imagine it, the more real it feels...

Your forehead and temples relax... Your cheeks and jaw muscles relax... Every nerve and muscle relaxes completely... And it feels so good to relax that it becomes easier and easier to go deeper and deeper as I count from ten to one...

Beginning with Number 10... deeper and deeper... deeper into your imagination, imagining more vividly your place of peace...

Number 9... deeper and deeper... your imagination is the rehearsal room of your mind... where you are free to imagine total peace...

Number 8... deeper and deeper... relaxing physically... deeper with each number... and deeper responding to my voice...

Number 7... deeper and deeper... relaxing mentally... deeper with each number... deeper because you choose...

Number 6... deeper and deeper... relaxing emotionally. The deeper you go, the better you feel...

Number 5... deeper and deeper... relaxing into hypnosis... the deeper you go, the deeper you want to go, until I awaken you...

Number 4... deeper and deeper... just relaxing completely... the deeper you go, the easier it is to go even deeper...

Number 3... deeper and deeper... into the rehearsal room of your mind... imagining your place of total peace...

Number 2... doubling the relaxation... imagining sights, sounds, and feelings that are so relaxing that it's easier and easier to go deeper and deeper and deeper...

Number 1, Waaaaaaaay down deep... into a very deep, hypnotic peace... a very deep... hypnotic peace.

Most everyone acquainted with hypnosis or meditation has heard a variation of progressive (or fractional) relaxation at one time or another. And it is a matter of personal preference whether you start from the feet up, or from the head down. (Also, notice I say "peace" instead of *sleep*.)

Some hypnotists will end with relaxing the muscles in and around the eyes, using eye catalepsy as a hypnotic challenge or "convincer" for a deepening technique (refer to Chapter 7) rather than relaxing the jaw muscles last. Others will actually begin with relaxing the muscles in and around the eyes, and then use progressive relaxation throughout the rest of the body. I consider all of the above valid if done effectively.

As mentioned earlier, variations of relaxation inductions can incorporate *guided imagery*, which is frequently used by facilitators of group meditations. Often such meditations--whether used privately or in groups--rely heavily on visualizing, making the false assumption that everyone will find it easy to imagine *seeing* a stream or a beach, etc. If you facilitate such guided imagery, it's a good idea to find out first whether or not your client is visual, auditory, or kinaesthetic, so that you may structure your guided imagery accordingly. Charles Tebbetts normally asked people whether or not they could easily visualize. He also recommended that we ask our clients to describe their most peaceful place imaginable. This can be very helpful whenever guided imagery is used. Also, if you incorporate water, woods, or elevators, make sure they don't have any phobias of the above, etc.

If facilitating a group, include sights, sounds and feelings. For example, while a visual person could *visualize* the beach, an auditory person might find it much easier to imagine the *sound* of ocean waves--and someone who is kinaesthetic would most likely *feel* the breeze and/or the sand beneath bare feet, and so on.

Type #3: Mental Confusion

Any technique designed to confuse the conscious mind can induce the hypnotic state once the critical faculty is bypassed, or the moment of passivity occurs. This type of induction is called mental confusion.

While the conscious mind is trying to find the logic in what is being said or done, suggestions are given to the subconscious mind to deepen the state of hypnosis.

Charles Tebbetts taught two examples of mental confusion. I've incorporated my own style into the techniques.

The first involved instructing the client to close his/her eyes on even numbers and open them on odd numbers (or vice versa) as the hypnotist counts either forwards or backwards. As you start counting, watch for watering or redness in the whites of the eyes. When either of these begin, start pausing longer when the eyes are closed, and hastening when the eyes should be open. You may add words such as, "It becomes easy to forget, difficult to remember, whether your eyes should be open or closed, and as you forget, you just find yourself going deeper into hypnosis..."

At the first sign of hesitation, start missing numbers. This helps create more mental confusion, as in the first example:

Mental Confusion with Eye Closure

100, just close your eyes, take a deep breath, and relax...

99, open them, take another deep breath, and 98--eyes closed. Very good. Just imagine you're releasing all the cares of the day as easily as you release the air from your lungs... 97, find it's getting more difficult to even try to open your eyes. 96, eyes closed. Good. Just find yourself wanting to go deeper and deeper as you forget whether your eyes should be open or closed, or closed or open...

95, easy to forget. 94, difficult to remember, whether they should be closed... and as soon as you forget to remember, or remember to forget, they stay closed, and you can just relax even deeper, or let go into hypnosis. 93, good! 92... deeper and deeper relaxed... It's so easy to respond to my voice as I say 91, 90... your eyes just want to stay closed now.

Start speaking somewhat quicker and with more authority.

88, 86. Deeper and deeper. Easy to forget, difficult to remember, 84-82, whether they should be open or closed. 79, 75, 74. The numbers can skip away so quickly now that you just find yourself wanting to go deeper as your eyes want to stay closed. 72, 70. You can release yourself into deep hypnosis, or simply let go into total trance. 67, 65, 64. And every time you forget to remember, or remember to forget, open or closed, odd or even, you go deeper or deeper. 60, 50. Eyes closed and going deeper. Forgetting to remember, or remembering to forget. 40, 30. Feeling good. Responding to my voice. Relaxing hypnosis. Deeper and deeper.

Once your client leaves his/her eyes totally closed during an odd number, the moment of passivity has usually occurred. You may stop the counting if you wish and follow immediately with deepening suggestions (explained in Chapter 6), or continue on as part of the deepening.

In the above technique, Charles Tebbetts taught that you may enhance the mental confusion with incomplete sentences, or by bringing unrelated sentences and meaningless statements into the sleep and relaxation suggestions. (He gave Dr. Milton Erickson credit for this idea both in his class at Edmonds as well as in his book, *Miracles on Demand*.)

Mental Confusion with CLIENT Counting Out Loud

Another method of mental confusion taught by Charles Tebbetts involved having the *client* count out loud backwards

from 200 or from 100, one number per breath, as well as the words "deeper" or "deeper asleep" after a short pause with each spoken number. You may then suggest that your client simply *"relax the numbers right out of your mind."* The client's conscious mind gets occupied with saying the numbers verbally while the subconscious is simultaneously hearing hypnotic suggestions. Talk in somewhat of a *monotone* as your client counts, making statements such as in the next example:

As you count, imagine you can see or hear the numbers before you try to find them, and they're getting farther and farther away. And I'll talk to your subconscious. You don't have to try to listen, just try to find each number. And as you skip numbers, repeat numbers, or forget numbers, you go deeper and deeper into hypnosis. Just relax the numbers right out of your mind, allowing them to fade farther and farther. Smaller and smaller. Forgetting to remember, or remembering to forget. It's easier and easier to forget them or relax them away. Difficult to remember, or easy to forget. And the slightest hesitation between numbers **DOUBLES** your relaxation, or sends you deeper into hypnosis.

Once your client skips a number, the critical faculty is bypassed. You may interject the following words (and then continue with the induction):

Very good. You're responding very good. Your conscious can either listen, or drift and wander, or both, while your subconscious hears and responds to every word.

Notice the use of the word "good" rather than "well" in this statement. To some people, saying "well" might make them imagine a well in the ground. I learned this the hard way a few years ago after it took three sessions for me to successfully hypnotize a woman who had a phobia of wells. And my professional opinion has been further validated by Dr. Arthur Winkler of St. John's University, who has carefully researched the impact words have on the subconscious.

When your client stops counting, then deepen immediately. If your client continues counting in sequence to the low 80's (or after struggling with a couple numbers), say some numbers yourself with words such as:

77, discover how easy it is to imagine whatever you wish as 74, your conscious mind finds it so difficult even to try to look for the numbers, that 70, it's just easier to relax and forget to count, or go deeper. 64, 58. Very good. Perhaps the next number was 68... or was it 43? It makes no difference as the count goes below 30. You just find it easier and easier to respond to my voice as you go deeper and deeper on 25. Drifting right on down. You may be surprised at how deep you go, or perhaps you'll find yourself in total trance.

At this point, you may (if necessary) again enhance the mental confusion with more unrelated sentences and meaningless statements interjected with random numbers and suggestions for deep hypnosis.

While demonstrating this second technique to my class once, a student was determined to count all the way down in sequence to the number one; so when he got into the teens, I said, "When you say the last number, you are going deeper than you've ever gone before into *total hypnosis!*" He was still smiling on 2, but when he said the last number he slumped immediately into a very deep state of hypnosis.

Also, it's quite probable that the above technique evolved from a similar technique described by Dr. John Hughes as "John Hartland's Eye-Fixation with Distraction Induction" (pages 74-75 of *Hypnosis: the Induction of Conviction*), which incorporates eye-fixation as well.

Type #4: Mental Misdirection

Mental misdirection is hypnotizing by conviction with use of any suggestibility test or a hypnotic "convincer" involving dramatic use of the imagination.

While mental confusion is designed to confuse the conscious mind until it is easier to just relax and let go, mental misdirection is any technique which incorporates a physical response as a result of something that is imagined.

The only example of mental misdirection that Charles Tebbetts taught was a simple eye catalepsy technique which has the client close his/her eyes and roll the eyeballs upwards under closed eyelids, looking at an imaginary moon through an open window in the top of the forehead. Then the client is told it is impossible to open the eyes, and when he/she tries and fails, a feeling of hypnosis occurs. If the client successfully opens the eyes, then another technique should be used immediately without any conversation or obvious concern on your part.

My personal experience with this technique is that it is acceptable for most people who are visual; but it is not very effective with people who are primarily auditory, nor is it wise to use with a client who has sensitive eyes. (I personally found myself experiencing a headache after this technique was used on me when I was in training!)

I created my own example of mental misdirection using a suggestibility test which incorporates suggestions that one can respond to whether he/she is visual, auditory, or kinaesthetic. It is reproduced here just as I teach it in my class at Tacoma.

The Water Bucket Induction

Ask client to extend both hands, palms up, and ask him/her to imagine holding an empty bucket in one hand, and helium balloons in the other. Also make sure you begin by asking the "magic question" as previously instructed.

Just close your eyes now and take a deep breath, and relax. Just IMAGINE that someone begins pouring water

into the bucket, while someone else ties several dozen more helium balloons to the other hand.

Choose hypnosis, and you can be totally hypnotized when your hand touches your lap. But for now, just imagine that water is pouring into your bucket. SEE the water pouring into your bucket. HEAR the water pouring into your bucket. FEEL the bucket getting heavier and heavier. In fact, your arm begins to feel like it simply wants to drop right on into your lap so you can drop right on into hypnosis. Or you may feel your light arm getting lighter as the bucket gets heavier.

*If the client's arm has reached his/her lap by now, skip down to the double asterisk (**); otherwise, continue with the following, skipping down to the (**) when the hand drops.*

That bucket is one-fourth full now. Every sound you hear just makes that bucket keep getting fuller. You can feel it getting heavier. SEE that water going in. HEAR it filling up your bucket. It would be SO EASY to simply let your arm drop down into your lap so you can drop on into hypnosis.

Now take a deep breath and relax. As you do, notice your bucket is one-third full now -- and you have an increasing desire to let your arm drop. In fact, your arm may be feeling somewhat tired as you try to hold that bucket -- which is half full now. And the water just keeps pouring on in!

You feel an increasing desire to just drop that arm... and when you do, you just drop right on into a pleasant hypnotic sleep.

Even if the arm is still up, pay close attention to even the slightest downward movement, keying in on it. Vary your suggestions accordingly, using this script only as a guide.

As you notice your arm beginning to drop, that bucket is almost full now, and it is sooooo heavy!

The instant you start the next statement, touch the palm of the client's hand and speak very authoritatively...

Somebody drops in a rock. SLEEP NOW!

*** In a more soothing voice, continue with the following...*

The balloons are gone. Now just let both arms rest comfortably in your lap. Take a deep breath, and relax even deeper. It feels so relaxing, it's easier and easier to go deeper and deeper relaxed. In fact, every suggestion you accept helps you go deeper and deeper relaxed. Allow your arms to return to their normal weight. They feel totally comfortable now, completely rested and relaxed.

Continue with deepening and awakening as desired.

IMPORTANT: Give a suggestion for *normalizing both arms* to prevent any lingering effects after hypnosis! **ALSO** note that you should give this suggestion immediately after your client drops both arms into his/her lap, and then go directly to deepening techniques.

Type #5: Loss of Equilibrium

Mothers use this method to rock their children to sleep. And this built-in desire to rock never seems to leave many of us, as is evidenced by the frequent desire to rock when we sit in a rocking chair.

A few hypnotherapists use a rocking recliner, gently rocking their clients while they incorporate this induction type with progressive relaxation.

Charles Tebbetts did not teach any induction technique that incorporated only loss of equilibrium. He used this type as one of two building blocks for what he called the *rapid induction*.

Type #6: Shock to Nervous System

If a person imagines he/she can be hypnotized, believes he/she can be hypnotized, and expects to be hypnotized, and

is convinced that you will induce hypnosis, then a sudden surprise command given in a paternal manner will result in instant hypnosis.

Charles Tebbetts taught two "rapid induction" techniques, which combined eye fixation, loss of equilibrium and shock to the nervous system. One of them (which I will not describe in detail) was what he called the "Gil Boyne" technique, which had the client *standing up* during the actual induction. At Charlie's request, I taught this when I first began teaching his course; but several years ago a professional hypnotherapist forgot to lock her knees when I demonstrated this to my class, and I picked her up off the floor amidst both laughter and concern from my students. I have since discarded this technique altogether.

The second technique can be useful in some circumstances in the office setting; and the few times I've used it in my practice, I've been very grateful for it. It is reproduced here exactly as written by Mr. Tebbetts (except that I've substituted the word "client" for the word "subject").

The Charles Tebbetts Rapid Induction

Sit with the client at your left (his/her right) with the front corners of your chairs touching.

If you can follow my simple directions, nothing outside yourself can keep you from becoming hypnotized. You can resist if you want to, but that's not why you're here.

I'm not going to hypnotize you yet, but I want to illustrate what I'm going to do. This will be a practice run.

Place your left hand behind the client's neck, and hold your right hand about two feet in front of his/her face.

Let's practice it now. I'm going to pull you forward, and when I do, bend at the waist and come forward so that your forehead rests in my right hand.

Pull the client GENTLY forward until his/her forehead rests in your palm. This establishes a muscular pattern. Straighten him/her back in the chair.

Now, are you ready to be hypnotized?

Wait for response!

Put your feet flat on the floor. Place your hands on your thighs and relax. Choose a spot on the wall ahead of you, and stare at that spot. Don't let your eyes leave it for a single second.

Place your left hand on the client's shoulder, rocking gently.

Want to be hypnotized, expect to be hypnotized, and you will be hypnotized.

Keep your hand on the shoulder; continue to rock slightly.

Take a long, deep breath, and hold it in, hold it...

Now let it all out, and relax all over.

Take another long, deep breath, and hold it longer this time...

Now exhale, and allow your entire body to go loose and limp.

Now shift your left hand from the client's shoulder to the back of the neck.

As I count from five down to one, your eyelids become heavy, droopy, drowsy and sleepy. At the count of one, you go into a deep hypnotic sleep.

FIVE, eyelids heavy, droopy, drowsy and sleepy.

FOUR, heavier with every number you hear.

THREE, your tired eyelids want to close down now.

TWO, on the next number, allow your eyelids to close down completely and let every muscle and nerve in your body relax.

ONE.

Pull the client forward into your palm as rehearsed but more rapidly, and shout the two following words as he/she is moving between the original position and the position with his/her head in your palm:

SLEEP NOW!

Start to gently rotate the client's head the second it touches your palm. This keeps the subject slightly disoriented while you continue with another five-to-one countdown.

As I count from five down to one, you go deeper with every number you hear. Five, letting go more and more. Four, all of your cares and tensions are just fading away. Three, you are going deeper with every sound that you hear, and with every breath that you take. Two, just going deeper now. Deeper into a deep hypnotic sleep. Number one, just let go completely now, and be aware that you are bathed in the flow of a very pleasant, deep, hypnotic sleep. You hear my words at all times but remain in a deeeeeeep, hypnotic sleep, a deeeeeeep, hypnotic sleep.

Proceed immediately with another deepening technique.

SPECIAL NOTE: In a recliner, you may have the client sit straight up during the above induction and drop him/her back into the recliner instead of forward into your palm.

This is generally thought of as a paternal technique; but I have observed it done with similar wording in a maternal manner, with the emphasized command of "SLEEP NOW!" being the only paternal suggestion. Though effective, I object to a hypnotist using this technique to serve his own ego.

I personally will only use this rapid induction method for a client who is resistant to most other inductions but has convinced me of his/her sincerity in wanting to be hypnotized. I have also used this a few times with children who have short attention spans. And of course, I teach it to my students.

One of my former students, a registered nurse, has frequently used the *Charles Tebbetts Rapid Induction* (as well as his own variation of a rapid induction) with hospital patients suffering in pain to help them get into hypnosis as quickly as possible for hypnotic pain management. (Please note that he only does this under supervision of a physician, or with an examining physician's written consent.) He has had some astounding results.

Paul Durbin, PhD, a hypnotherapist working in hospitals in New Orleans, uses a rapid induction involving a quick command spoken paternally the instant a set of keys strikes the floor. I've also seen one demonstrated where the patient holds a quarter (or one ounce of silver) in the palm of the hand, with the arm hanging slightly over the edge of the bed. Suggestions are given to imagine the quarter getting heavier and heavier, compounded with the suggestion for instant hypnosis when the quarter drops. This must be followed immediately with deepening techniques.

Unique Technique

In addition to the induction types described in this chapter, for someone previously hypnotized, the use of *post-hypnotic suggestion* as an induction (explained further in Chapter 8) could be considered a *unique technique* that does not fit into any of the six basic types described in this chapter--thus making it virtually a seventh type of and by itself. It could also be described as "sudden surprise" and therefore categorized as shock to the nervous system. Since I teach hypnosis as an art more than a science, it makes no difference to me how this technique is categorized. You decide.

IMPORTANT ADVICE REGARDING TOUCH

Many techniques of hypnosis taught by Charles Tebbetts involve the use of touch, which he frequently used without ever having repercussions; however I personally witnessed him asking permission when I studied at his school, as he knew that some people don't like to be touched.

Whenever you intend to use touch techniques at ANY time during hypnosis, ask permission before you ever begin the induction. The easiest way to ask, keeping it positive, is by saying, "Are you comfortable being touched?" If you begin the induction without asking that question, avoid the use of any touch techniques throughout the *entire* session!!!

Charles Tebbetts also emphasized the importance of making certain you never touch in a way that could in any way be misconstrued as sensual.

Your Imagination Is the Limit

When I give my students their practical exam, I ask them to skillfully demonstrate two different induction techniques just as they learn them in class. Once on their own, however, they can then create new ones or use other proven ones not taught in my class. These six basic induction types can be used in various combinations limited only by the imagination.

Many books are available describing hypnotic inductions for those who wish to stick to established techniques. Among them is an excellent one by Myron Teitelbaum, M.D., J.D., entitled *Hypnosis Induction Technics*. I also found Dave Elman's book, *Hypnotherapy*, to contain some very important information necessary to any serious student of hypnotherapy. Charles Tebbetts recommended the latter as well, along with *Hypnotism Today* by LeCron & Bordeaux, which he sold at his school. Also a virtual "must" for the library of any hypnotherapist today is *Hypnosis: the Induction of Con-*

viction by Dr. John C. Hughes (National Guild). There's much more in print now than during the 80's.

I can also add that my own experience of over a decade as a full-time hypnotherapist indicates to me that it is not necessary to be a scientific researcher of all of the proven techniques in order to successfully guide a client through hypnosis; but, rather, to have enough techniques mastered to quickly and comfortably change techniques with clients who do not respond well to those you usually use. Your induction of choice should be considerate of the client.

VOICE: Your Greatest Tool

In virtually every hypnotic induction the hypnotherapist uses, voice is the single most important tool.

Some researchers advocate speaking in a monotone voice. There may be times when this is appropriate--and I sometimes do. But I usually vary my voice in pitch, and emphasize certain words with *feeling*. Since hypnosis is at least as much an art as it is a science, I believe that putting artistic feeling into your voice style can make a big difference in the degree of client enjoyment, response to, and appreciation of the trance experience. And this can best be done if you are competent and confident with the techniques you have mastered, and can work intuitively from your "right" brain rather than by being an "operator" or "hypno-technician" who uses precision in an analytical way with hypnotic techniques.

It is a pleasure to observe a true artist guiding someone into the state of hypnosis; but it can be somewhat boring if it is just done in a mechanical way by someone trying to be perfect. In my opinion what some of our early hypnotic pioneers lacked in modern understanding, they made up for in their artistic styles. An outstanding example is the 18th Century showmanship of Mesmer--who created no small stir in France. Most certainly he was an artist.

Just as music performed with precise accuracy can seem "empty" if done without feeling, so can hypnosis. At times when I have experienced hypnosis done with little or no artistic style, I have found myself getting bored and resistant even though I want to go deeper--yet a true master of the *art* of hypnosis can guide me quickly into really deep states.

And some might wonder why I allow myself to be guided into hypnosis by another. I believe I'd be a hypocrite to the profession if I failed to take advantage of such powerful tools for change whenever I need help. Self-hypnosis is like a muscle: I can easily lift a chair, but a couch is much easier to move with someone else helping me lift.

Also, I use the tools to help teach the tools. My students must practice being both the hypnotherapist and the client in the learning process, with suggestions to master the art.

If you are already using hypnosis, but wish to become a better artist, consider setting aside your pride and asking another hypnotherapist to use the tools to help you master the tools. Even students of the legendary Milton Erickson experienced hypnosis, according to what Ronald A. Havens wrote on page 237 in *The Wisdom of Milton H. Erickson: Hypnosis & Hypnotherapy*...

When Erickson sought to train hypnotherapists he did not just lecture them, he hypnotized them. There are several possible explanations for this. First, because experience is the best teacher, it makes sense to experience what it is you wish to learn. Secondly, because the hypnotist is basically attempting to teach the subject how to experience a particular set of internal events, it is reasonable to believe that the teacher should have learned to experience those events also. It is often difficult for someone who has never participated in a particular endeavor to teach others how to do it.

Amen! Re-read that last statement. But now, before we even *consider* guiding anyone into hypnosis, we need to know how to awaken someone properly from the trance state.

Awakening

The sample script for awakening is placed on purpose at the end of this chapter so that it will be easy to find. But first, some words of advice are important for both the novice and the veteran alike...

Avoid sudden or abrupt awakenings except in dire emergency, as your client may feel the same way you or I feel if suddenly awakened from a nap. The result of awakening too quickly could be momentary dizziness and/or a slight headache. I call this "hypnotic hangover."

My recommendation is a minimum of *at least* 30 to 45 seconds. I frequently take twice that long--and sometimes even a little longer for someone in a very deep state. Also, to increase response probability, raise your pitch or volume and slightly increase your tempo. If awakening is done in a monologue, a client in a deep state may not respond.

Counting is also important. If you count backwards for inductions and/or deepening, count forward to awaken (as in the script below). If you choose to count forward for inductions and/or deepening, then reverse the direction on the awakening suggestions. Failure to do this could result in the client going deeper instead of awakening. And the best way for you to remember which way you should count is to choose your preference and be consistent!

The script for awakening presented here is reproduced verbatim as Mr. Tebbetts wrote it, except for the last phrase of "Three..." (about driving alertly) which I added in 1988. It is an excellent awakening script for most non-therapeutic uses of hypnosis. For hypnotherapy, you might wish to consider adding some additional positive suggestions.

The Charles Tebbetts Awakening Script

Now, I am going to count from one up to five and then I am going to say "fully aware." At the count of five, let your eyelids open and you are calm, refreshed, relaxed, fully aware, and normal in every way.

One . . . Slowly, calmly, easily, and gently you are returning to your full awareness once again.

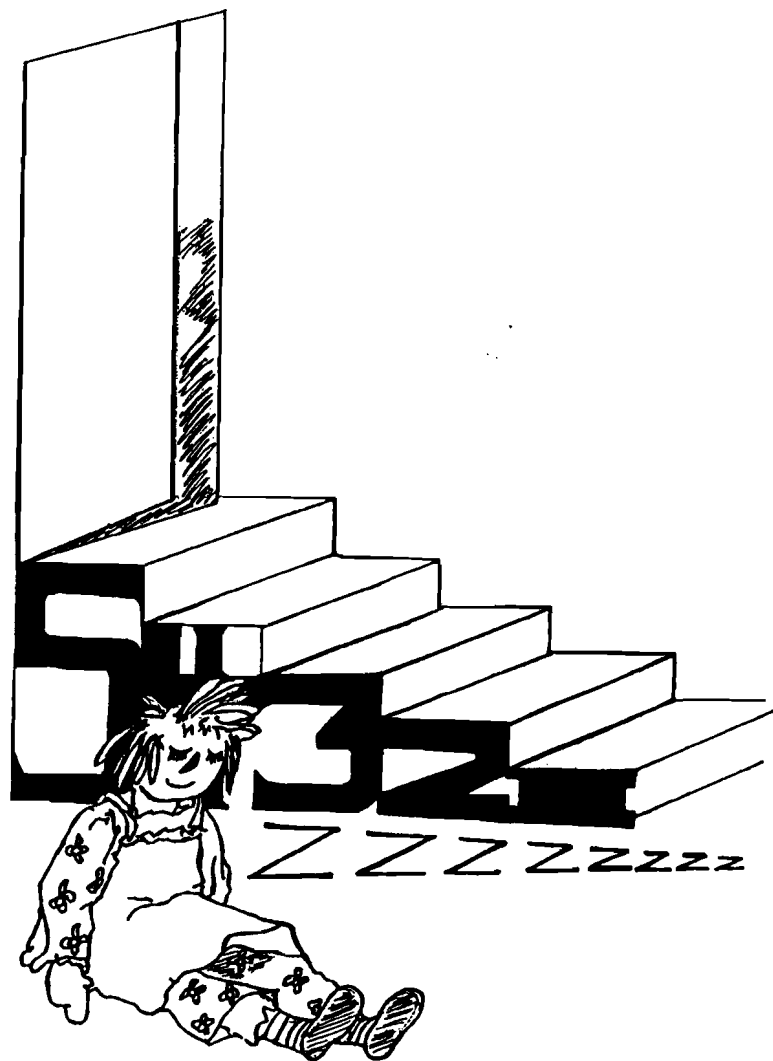
Two . . . Each muscle and nerve in your body is loose, limp, and relaxed -- and you feel wonderfully good.

Three... From head to toe you are feeling perfect in every way... physically perfect, mentally alert, and emotionally serene... and when you get behind the wheel of your vehicle, you are totally alert in every way, responding appropriately to any and all traffic situations.

Number four. Your eyes begin to feel sparkling clear, just as though they were bathed in fresh spring water. On the next number now, let your eyelids open and you are then calm, rested, refreshed, fully aware, and feeling good in every way.

Number five, eyelids open now. You are fully aware once again. Take a deep breath, fill up your lungs, and stretch.

For the new student, practice at least one of these inductions and the awakening script before you go deeper into this book. (*NOTE: If you plan on using hypnosis professionally, seek competent training!*) Once you feel a level of confidence with at least one of the induction techniques, then you can learn the deepening techniques. However, I suggest that you choose at least one mental confusion technique to master, along with the mental misdirection technique described. It's also wise to eventually master a relaxation induction as well as one rapid induction. Then practice, *practice, PRACTICE!*



Chapter 6

Deepening the Hypnotic State

Once you induce hypnosis, it is usually necessary to guide your client deeper into the hypnotic state to help validate the experience as well as to minimize the likelihood of him or her coming up to full consciousness too soon.

Recognizing the Trance State

A person in hypnosis becomes very relaxed, and usually evidences slow diaphragm breathing. The pulse rate normally slows down and there may be eye moisture or redness in the whites of the eyes. There may be fluttering of the eyelids, and/or rapid eye movement; or the eyeballs may roll upward. The face relaxes into an expressionless appearance which many people call the "hypnotic mask." Usually a client entering hypnosis will expel air in a long, deep breath referred to by Charles Tebbetts (and many others) as the "hypnotic sigh."

The hypnotized person then usually becomes highly responsive to suggestion and direction; and even though he/she can be selective in the suggestions responded to, acceptance is usual--and frequently automatic--unless there is an emotional desire to resist. This "automatic" response, often the result of *compounding suggestions*, is perhaps why so many people have erroneously assumed that the hypnotist is in control of the person's mind.

There are various depth levels of hypnosis, each with its normally accompanying signs. Not all of these signs will occur--and some may occur at levels other than normal--but

they are all common signs indicating at least a light trance state has been reached. Let's discuss them, along with the various trance levels, before looking at some actual deepening techniques.

Depths of Hypnosis

Opinions vary about how many depth levels of hypnosis there are as well as what constitutes evidence of each level.

In 1878 (as discussed in Chapter 3) Dr. James Martin Charcot and the pupils at his academy succeeded in proving that there were several stages of hypnosis, and that a hypnotised person is capable of showing different symptoms and passing different "tests" in each stage. (These are reflected in modern times in the famous Davis-Husband scale of hypnotic depths, the LeCron-Bordeaux scale, and so on.)

It was Charcot who first named and defined the three basic depths of hypnosis. Various hypnotists use other scales composing four, five, seven, or more stages of trance depth, but the three-step scale devised by Charcot continues to be the most practical today. The names that Charcot applied to the stages, in order, are *LETHARGY*, *CATALEPSY*, and *SOMNAMBULISM*. These are often simply called (in the same order) light, medium, and deep.

Although Charles Tebbetts agreed with Charcot's three widely accepted levels, he based his descriptions of the various levels of hypnosis loosely on the LeCron-Bordeaux system for indicating depth levels of hypnosis. (The depth levels and signs are detailed in the book, *Hypnotism Today*, by LeCron and Bordeaux.) He included the *hypnoidal stage* (a very light state) in his descriptions of the states of hypnosis in his class as well as in his book, *Miracles on Demand*.

The *hypnoidal* stage is considered to be evidenced by a great deal of physical relaxation where the eyes close and often flutter for a while. There is partial lethargy of the

mind, and the limbs may feel heavy to the person experiencing this stage. I never mention this state to clients, as I prefer to consider this a part of the light state.

The light (or *lethargic*) state person evidences a great deal of physical relaxation, breathing more slowly, and may include feelings of heaviness throughout the body as well as an increasing disinclination to move, speak or think. (Some refer to this as partial lethargy of the mind.) There is also an *increase* in awareness of anything perceived through the five senses, so an analytical client may be much more aware of background noises, or garlic or alcohol on the breath! There can be catalepsy of the eyes and limbs, inhibition of small muscle groups, as well as greater response to suggestions.

In a medium trance state (also called the *cataleptic state*), one may respond to illusion suggestions, such as seeing something that is not real, or failing to see something that is real. The medium state client may be able to attain kinaesthetic illusions (complete muscular inhibitions, such as inability to bend an arm), partial amnesia and glove anesthesia (numbing of the hand so that no pain is felt), and a firm conviction that he/she is in the trance state--although some people might find it difficult to describe.

In the deep, or *somnambulistic* state, one has the ability to open his/her eyes without affecting the level of trance, and may experience uncontrolled movement of the eyeballs as well as sensations of lightness or floating. The pupils may be dilated. Complete hypnotic amnesia may occur, as well as amnesia of post-hypnotic suggestions which may still be carried out, if accepted, after trance termination. During somnambulism, one may experience all types of illusions including vivid ones, and may even have an illusion continue for a limited time after leaving hypnosis. He/she may control the involuntary functions of the body such as heart rate, blood pressure and digestion. (Be careful, however, to avoid giving

medical suggestions unless you are either licensed to do so or are specifically authorized by an examining physician!) This is the best state for certain hypnotherapy techniques described in Part II of this work, such as age regression and for recalling lost memories, as well as the effective parts therapy techniques made legendary by Charles Tebbetts.

Another even deeper state called the *Esdaile state* was described by Dave Elman in his book *Hypnotherapy* (Westwood Publishing). In Chapter 13 he provides interesting historical background, including detailed instructions for inducing the state as well as how to bring someone back from the Esdaile state (also called *plenary trance* by some, and *coma state* by others).

This state was named after Dr. James Esdaile, a 19th century physician, who performed surgery in India using this very ultra-deep state of hypnosis to anesthetize his patients. The hypnotized person who attains the Esdaile state will hear all of your suggestions, but feels too lazy to respond to any of them. If you have clients enter this state, you may find them resisting your suggestion to awaken. If this occurs, use a much longer awakening count. Tell them as you begin counting that if they ever want to go this depth again, enjoying the peace, comfort, security, and recall that goes with it, it will be IMPERATIVE to awaken. Then dramatically increase your voice volume, speed and pitch as you count.

According to Elman, one out of several thousand people will spontaneously go into this ultra deep state. After two years in my hypnotherapy practice, this happened to one of my clients during the latter part of a session. When she failed the second time to respond to my awakening instructions, I touched her hand and loudly said, "It's time to wake up!" Her face remained in the hypnotic mask, and she snored. Fortunately I remembered Elman's instructions as summarized above, and was relieved when it worked! She told

me that she heard every word, but had no feeling whatsoever in her body other than a total euphoria--and absolutely did not want to come back just yet. However, she said she *knew* she had to come back when I told her that she could never go that deep again if she resisted waking up.

Although Charles Tebbetts did not write of the *Esdaile* state in his textbook, he discussed it in his classes at Edmonds. On occasion I have demonstrated this state to my students.

LeCron and Bordeaux defined the ultra-deep level of hypnosis as *plenary trance*, where one experiences a stuporous condition in which all spontaneous activity is inhibited. It has also been called the *coma* state by many professionals, including Walter Sichort, who has demonstrated this state at national hypnosis conventions in front of many hypnotherapists nationwide. Mr. Sichort, who has taught hypnosis to many physicians throughout the country, also believed that there are ultra-deep states even deeper than this. And indeed, I saw him demonstrate a state so deep in New York back in 1989 that when the volunteer accidentally fell off the chair and struck his head sharply on the corner of the podium, he did not even "flinch" a muscle! And with a few well-formulated post-hypnotic suggestions from Mr. Sichort, not only did the volunteer emerge from hypnosis without a bump, he also had no conscious memory of even striking his head!

Whether this man was in a plenary trance, coma state, Esdaile state--or an even deeper state--is still a matter of opinion. And again let me state that opinions vary about the number of levels of hypnosis, as it is *subjective rather than objective*. I saw one chart several years ago which actually subdivided the depths of hypnosis into over 20 levels. Charles Tebbetts felt that most people prefer to have everything labelled and neatly placed in orderly categories and indicated

onto charts; but he also believed this tended to trap people into avoiding the fact that there are always exceptions.

Unless you are conducting scientific research in hypnosis, you can simply decide which method(s) of defining depth levels you like best and act accordingly. With experience, you may discover a great ability to recognize the depth of trance by the quality of response by your clients.

I believe, as my former mentor did, that the *results of the suggestions given* are much more important than trying to accurately measure the depth of trance obtained. This is especially true for any client-centered hypnotherapy; although many medical applications of hypnosis may require that the patient be at least in a somnambulistic state for best results--necessitating a greater ability for the hypnotist to more accurately measure depth.

Some books charting depths rate a certain percentage of people as "insusceptible" to hypnosis. Although unresponsiveness might be due to either lack of artistic competency of the hypnotist, and/or lack of understanding on the part of the client (which may or may not be the result of improper pre-hypnotic discussion), and/or lack of trust or rapport, or simply because of how the client *feels* on the particular day, there is also another unpleasant possibility: your prospective client might have been hypnotized in the past and been the unfortunate recipient of a "hypnotic seal" placed by someone who did not want anyone else to hypnotize him/her. Explaining fully that "*all hypnosis is really guided self-hypnosis*" may be sufficient in some cases so that you may never even know such a "seal" had been placed; but if there is total client resistance without any apparent reason, it does not necessarily mean your client is "insusceptible" to hypnosis. He/she could have been a victim of this "seal" (discussed further in Chapter 9 of this book).

How to Deepen the Hypnotic State

The rest of this chapter is written to present and explain the deepening techniques taught by Charles Tebbetts.

Counting down (or up)

Suggest to clients that as you count backwards from five to one (or ten to one) that each number helps them go deeper and deeper.

FIVE... you are going deeper with each number, relaxing completely. **FOUR...** deeper and deeper, relaxing into hypnosis. **THREE...** deeper and deeper, going deeper with each number. **TWO...** deeper and deeper, into pleasant hypnotic relaxation. **ONE...** just drifting down, down, down, Waaaaaaaay down, deeper and deeper relaxed.

Floppy arm (Dave Elman technique)

Pick up client's arm by thumb (at the palm) or wrist, moving it back and forth while saying:

Just let your arm become limp and loose. Imagine it feels like a wet dishrag [or wet noodle]... limp and loose, just like a wet dishrag [or wet noodle]. When I drop your arm into your lap, just let yourself go TEN TIMES DEEPER!

Drop client's arm as he/she exhales, and immediately say:

Now go TEN TIMES DEEPER.

If client tries to help you by lifting his/her arm, move it up and down as well as back and forth, and emphasize letting it feel totally like a wet dishrag, saying:

Just let me have the full weight of your arm... and when I drop your arm into your lap, just let it flop down like a wet dishrag [or wet noodle] and go TEN TIMES DEEPER.

REPEAT with other arm.

When using this technique, pick up client's hand either by the wrist or by the thumb, grasping at base of thumb to prevent client discomfort. Also, if possible, drop arm as client *exhales*.

HISTORICAL NOTE: Charles Tebbetts gave Dave Elman credit for this technique both in his class at Edmonds as well as in his book, *Miracles on Demand*.

Deepening by re-induction

Eye fixation example:

When I ask you to open your eyes, I want you to look at my ring, keeping your eyes **FIXED** on my ring. [pen, pencil, etc.] And I would like to establish a signal between us, that whenever I snap my fingers and say the words "SLEEP NOW!" you just close your eyes again and go even **DEEPER** into hypnosis. Now, open your eyes and look at my ring.

Hold your ring (pen, pencil, fingernail, etc.) about 12 to 18 inches from client's eyes, moving it up about 45 degrees above their plane of vision. Move it down below the plane of vision while saying:

As you watch my ring, your eyes just feel like closing -- so [snap your fingers] **SLEEP NOW!** Just take a deep breath and go ten times deeper.

Pause just long enough for client to take a deep breath, then continue:

Each time I ask you to open your eyes, it takes more effort -- and you have an increasing desire to close them again. Now, open your eyes again and look at my ring.

Repeat above process several times, watching for eye fatigue, watering, etc.

NOTE that you may use almost any effective induction technique as a deepening technique--thus, Charles Tebbetts

taught that the repertoire of your deepening techniques is at least as large as your repertoire of induction techniques.

Pushing gently on shoulders

Charles Tebbetts called this the *shoulder push* technique.

Explain to client:

As I step behind you and gently push down on your shoulders, I want you to go much deeper relaxed.

Step behind client, placing your hands gently on the shoulders. Do not push down until he/she exhales! Continue...

Now take a deep breath...hold it in... now let it go... [push down as he/she exhales.] Now go even deeper than before!

Do this three times, resting your hands lightly on the shoulder between each push.

In the above technique it is important that you keep your hands *still* between pushes. Massaging the back or shoulders may either feel threatening to the client, or it may feel so good that he/she would want you to continue--distracting from the purpose of the hypnosis. Also, to avoid any possible misperceptions, *caution* must be exercised with the use of this technique with a member of the opposite sex!

Arm levitation with both direct and indirect suggestion

Charles Tebbetts taught this technique in my class back in 1983. I believe it to be a variation of a similar technique he borrowed from a videotape of Dr. Milton Erickson which he showed my hypnotherapy class back then:

If you want to go deeper into relaxation you can feel even better as you raise your arm higher and higher. Each movement of your arm upward causes your whole body to go deeper and deeper into relaxation. Your whole arm becomes

lighter and lighter, just as light as a feather floating in the breeze, and if you really want to go deeper into relaxation you can allow your arm to rise. Every motion of your arm upward causes you to enjoy a wonderful feeling of comfort. With each tiny motion of your arm rising upward, you will say to yourself, "I am relaxing even more." Just feel yourself going deeper with every breath that you take, with every beat of your heart.

Give the client about thirty seconds of silence several times during this procedure. After the arm is extended upward at a right angle to his/her body, say:

Now you are much deeper in hypnosis than you were a few moments ago. I am going to count to three, and at the count of three your arm will drop to your side [or lap]. The moment it drops, you can go ten times deeper relaxed. One... two... three... TEN times deeper relaxed.

Frequent suggestion

In addition to using specific suggestive techniques for deepening the level of hypnosis, the hypnotist may also employ the frequent use of direct and indirect suggestion for the client to go deeper, such as in the following examples:

Choose a deeper state of hypnosis, **DESIRE** a deeper state of hypnosis, and you **WILL** go deeper with each suggestion you accept. Now take another deep breath, relaxing completely.

Take a deep breath, relax, and go much deeper, or let go.

You can go deeper and deeper now, or find yourself surprised when you let yourself go into total hypnosis.

Every suggestion you accept takes you deeper and deeper, or more completely into a state of hypnotic peace.

The deeper you go, the better you feel.

It's so enjoyable to let go completely, deeper into peace.

Your conscious mind can relax completely, and your subconscious mind is free...to respond to my voice.

The sound of my voice can take you deeper and deeper until I awaken you.

The deeper you go, the deeper you want to go, or you can simply release yourself into total trance.

Your entire body is responding to the idea of relaxation.

Being hypnotized is always a very pleasant, very enjoyable, soothing, restful, deeply relaxing experience.

It's so easy to respond to my voice.

And so on....

What About Guided Imagery for Deepening?

There are numerous techniques incorporating guided imagery and/or programmed imagery for deepening, such as walking down stairs, going down an escalator or elevator, etc. While all the above plus variations may be very effective with *some* people, nothing will work with all of the people all of the time.

One of my personal favorites is to imagine myself going down an elevator. Since imagining the downward movement is very effective for me, I incorporated the elevator with counting down when I first started doing professional hypnosis. Then, within just a few weeks of practice, a woman who had gone quickly into hypnosis terminated her trance just as quickly with the words, "*I hate elevators!*" After several unsuccessful attempts to regain rapport, I refunded her money and referred her elsewhere. So you might say I made a financial investment in the realization that it is wise to ask your client about elevators (or steps, woods, water,

lights, the sky, or the country, etc.) *before* incorporating them into guided imagery--as some people have phobic reactions to things others might enjoy totally.

I've also been on the *resisting* end of deepening techniques that incorporate *going down stairs*. Why? Because I go down a flight of stairs in seconds rather than minutes. While the hypnotist asks me to go down the first step and look around, I go all the way to the bottom and wait impatiently for the next deepening technique. In the first place, I'm not very visual--so I do *not* stop to look around. Secondly, if too much time is taken before the facilitator gets where I already am, my own trance state is history. Yet I know people who respond quite well to the guided imagery of going down stairs as a deepener.

I once heard Charles Tebbetts use a brief imagery of a trail in the woods, and really identified with it. I've expanded on his technique, combining it with mental confusion by having the client look for numbers like on a self-guided nature trail--only some of the numbers are missing. By incorporating a stream, a waterfall, wild flowers, birds singing in the trees, a gentle breeze, etc., it becomes a pleasant journey into the woods of deep hypnotic peace. Whenever I use this, however, I make certain my client *likes* the woods!

Again, as with any hypnotic technique, use only those deepening techniques you would be comfortable responding to if you were in your client's shoes. But balance your decision with the awareness that your client's likes and dislikes may *differ* from your own. One of my students failed to do this in class one time, and used a programmed imagery of a gentle rocking in a rowboat as a deepening technique. You guessed it! The client brought himself out of hypnosis and blurted out loud, "*I'm sea-sick!*" and bolted for the door....

Whenever possible, ask another hypnotist to use a technique on you if you wish to try it out on others. And if you

have read this far without ever being on the receiving end of hypnosis, I urge you to experience it with a trained and certified hypnotherapist.

Although a scientist researching hypnosis need not necessarily experience that state (nor a licensed physician using medical applications of hypnosis), I believe that all full-time professional hypnotherapists must experience hypnosis in order to be completely effective and true to the profession.

To be a good artist, you must experience the art on both the giving and receiving side! A neurologist in my class was just as willing to allow other students to hypnotize him as he was to hypnotize other students in the class; and he even asked them to call him by his first name. His attitude was a credit to the medical profession.

If you are afraid to let someone else guide you into the state of hypnosis, perhaps you might be well-advised to find out why, and then deal with your own resistance. If your resistance to being hypnotized is because you believe that someone else will "control" your mind, then it is my strong opinion that you have no business **EVER** hypnotizing others!

Whether you are already a professional hypnotherapist, or a student of hypnosis, or simply a curious reader who picked up my book, please **EXPERIENCE** the state of hypnosis if you intend on hypnotizing anyone else. You owe it to all the people you guide into hypnosis!

Chapter 7

Testing During Hypnosis

Some researchers of hypnosis have used hypnotic testing as a means of “testing” their subjects for trance depth. Often they are called “challenges” and are suggestions given to help the person in hypnosis go deeper into the state after acceptance of the “challenge” suggestion--as well as to help the hypnotist estimate trance depth.

However, as with suggestibility tests, there is another very important *client-centered* benefit in giving this type of suggestion. Charles Tebbetts recognized this fact, and commonly referred to these “challenge” suggestions as hypnotic “convincers” because they helped convince a client that he/she really was experiencing hypnosis.

How Does Testing Benefit the Client?

Because of prevailing misconceptions about hypnosis, most people who have not previously been hypnotized do not recognize the state they are in. Because they know where they are and hear everything you say, and because they know they could leave any time they wish, they frequently have difficulty accepting the fact that they are hypnotized. Also, as mentioned above, each “convincer” a client accepts helps deepen the state of hypnosis when the proper suggestions are given. Furthermore, as the scientific community discovered, testing gives the hypnotherapist an indication of trance depth--which is important information for both the hypnotherapist and client alike before proceeding from hypnotic techniques into hypnotherapy techniques.

Six techniques are presented in this chapter; four are presented just as taught by Charles Tebbetts (except where noted)--and the fifth and sixth are variations on arm levitation which I frequently use with my clients. The actual number of hypnotic tests is limited only by your own imagination; but remember to give only suggestions you would be comfortable responding to in a role reversal.

Eye Catalepsy Test

Mr. Tebbetts frequently started with this "convincer" first, because it only involves small muscles that control the eyelids. Tell the client that as you count from five down to one, his/her eyelids are locking tighter and tighter.

Now that your eyelids are closed down, you'll find them locking themselves tightly shut. As I count from five down to one, just find them locking tighter with every number.

Some therapists (including Mr. Tebbetts) have enhanced client-response by touching the person's hairline at the center of the forehead at this point--and then, while counting, moving one or more fingers slowly down, finishing at the bridge of the nose on number one. (I personally do not incorporate touch with this technique; but I felt it would honor my former teacher to mention how he added the element of touch.)

FIVE... the eyelids are beginning to lock tighter now. **FOUR...** they are locking tighter with each number. **THREE...** lock them even tighter now. **TWO...** imagine they are glued shut! **ONE...** they are locked so tight that even if you TRY to open them you FIND that they just lock tighter and tighter. Try to TEST them and find the harder you try, the more you find they just want to stay shut... Now just relax all those muscles that control your eyelids. In fact, just relax all over and go even deeper into hypnosis.

Mr. Tebbetts taught that the use of the words "try" and "find" were very important in helping a client respond to any

hypnotic "convincer" or test. The word "try" implies failure to the subconscious; so when you precede a suggestion with "try" the implication is that it will be difficult or impossible. Use of the word "find" is also important, because it is a positive word. Children love to "find" things; and that includes the child-like quality all of us have inside our own subconscious minds. Furthermore, since some people don't like "tests," some clients may not even try to "test" their eyelids.

Dr. Arthur Winkler uses different language with the eye closure test (taking advantage of people refusing "tests"):

Test them and make sure they remain shut.

I like *adding* the above statement whenever I use this test.

The Hand Clasp Test

Ask client to put the palms of his/her hands together, lacing and interlocking the fingers together. Say paternally:

Imagine your fingers are like heavy, metal springs or vice-grips locking tighter together as I count from one to three. **ONE**, locking tighter with each number. **TWO**, lock them tighter and tighter now, like vice-grips. **THREE**, locking so tight that if you TRY to pull them apart, you FIND they just lock tighter and tighter. Test them and find they just lock tighter and tighter.

Pause only two or three seconds, and then grasp his/her hands at the wrist; and then continue maternally:

THREE, TWO, ONE...RELAX your hands, and simply allow me to gently pull them apart for you. Now take a deep breath and go MUCH deeper.

In the above example, it is important that your pause be *only two or three seconds* in order to minimize client discomfort and/or reduce the possibility of your client actually pulling his/her hands apart. Watch the hands *closely* during the

short pause; and if you suspect that your client might pull them apart, then quickly suggest that they can be pulled apart. Then, without talking about it, go right on to another test.

When Charles Tebbetts used the hand clasp test, he had his clients stretch out their arms, and suggested that they then stiffen them and lock their elbows--squeezing the fingers against the backs of their hands. Then he suggested that they imagine *both hands and arms were one block of wood*. He still used the words "try" and "find" with this test. Also, when his client responded to this convincer, he would grasp his client with both hands at the wrists and push his thumbs against the pulse while suggesting that the hands *come apart with ease*. He would then pull the hands apart, dropping them into the client's lap as an additional deepening technique.

My personal experience has shown client results to be virtually as good without asking the client to lock the elbows as my teacher did; but you are free to make your own choice.

The Rigid Arm Test

Pick up client's arm and place it in a vertical position above his/her head. (This is where they lock the elbow!)

**Lock your elbow, clench your fist, and reach for the sky...
[or ceiling]**

Squeeze the arm at the elbow, forearm, wrist, and above as you continue...

Let all of the energy go up into your arm. Make it as stiff and rigid as a steel bar. Just as stiff and rigid as a steel bar. Your elbow is locked, and your arm is SO STIFF, and SO RIGID, that the harder you try to lower or bend it, the more rigid it becomes. TRY to bend it now and FIND that it just becomes more rigid...

Allow about three or four seconds ONLY. If you wait too long, you risk either client discomfort, or the possibility of client bending his/her arm.

Now stop trying, and relax all the muscles in your arm. As I count from three down to one, your arm just drops down and you go MUCH deeper into hypnosis.

Gently take client's arm and drop it in his/her lap along with a suggestion to go deeper. Give a suggestion as well for the arm to feel comfortable and relaxed.

WARNING! Do not use this test with anyone who has pain in the arm or elbow.

Automatic Motion

You should have ascertained during the pre-induction interview which hand your client writes with. (If you don't know, ask now.) Pick up that hand and ask him/her to imagine a piece of chalk between index finger and thumb.

Imagine you are making a series of long, continuous circles on a blackboard.

Start his/her hand rotating as though he/she is actually making circles on a blackboard.

Now continue making those large circles.

Pick up the pace a little, snap your fingers to a FASTER rhythm, suggesting that the hand go faster and faster.

That's good! Now as you continue making these circles, think about your heart. It is beating in response to the needs of your body, and controlled by your subconscious mind. So, also, is your arm being controlled by your subconscious mind... and when I touch your forehead, your arm starts turning in the opposite direction...

Touch forehead, and say the next word in a paternal way:

REVERSE!

Allow several turns in the opposite direction.

As I touch your forehead again, your arm drops limply to your lap and you go MUCH deeper!

Touch the person's forehead again.

Now just take a deep breath, and relax into a VERY deep, deep, hypnotic sleep. ***

*****IMPORTANT NOTES:** If you feel the client was responding to this convincer primarily with the conscious mind, then go right on to another convincer. Also notice that the words "try" and "find" are missing from this test. The reason is because once the subconscious takes control over the circling motion, your client will feel like the subconscious is really controlling the "automatic motion" of the circles--and that helps convince him/her of the trance state. (Use of the analogy of the subconscious controlling involuntary functions increases belief and conviction, enhancing client response.)

Arm Levitation

Pick up client's hand slightly, resting it on your palm

I want you to rest your hand on my palm. Allow me to have the full weight of your arm... and as I move your arm slowly up and down, just imagine it getting lighter each time it comes up. Imagine it feels as though it is lighter than air.

Move hand up and down slowly, higher each time. This will actually cause the arm to feel lighter, enhancing the likelihood of hypnotic response.

As soon as your arm floats up off my fingertips, **KNOW** that you are in hypnosis. Just allow your arm to get lighter each time it comes up. **IMAGINE** the lightness. **FEEL** the

lightness. And let your subconscious do it for you... Imagine your arm is beginning to feel as though it's made out of helium balloons and is lighter than air.

*Most people will respond before this point. If you sense resistance, you may continue--using more **FEELING** in your voice in a convincing manner. Then, at your option, you may hold the arm up with one finger and say...*

Your arm feels so light, that you find it is easy to imagine my finger as a rod of steel which is impossible to push. **TRY** to push my finger down and **FIND** that it is impossible. The harder you push, the deeper you go into hypnosis, or the lighter your arm becomes.

Be prepared for the possibility of some pressure on your finger. If client succeeds in pushing your finger down, deepen immediately with Dave Elman floppy arm technique (see page 111) and go right on to another convincer. Often clients in a somnambulistic state will find their hands floating right off your finger as soon as you tell them to "try" to push. Clients responding to me in this manner will frequently (after awakening from hypnosis) claim to have pushed greatly, or will say that they didn't even try to push because they already knew that they couldn't push down my finger.

To Use Arm Levitation Without Touch

Suggest that one arm feels as though it has several dozen helium balloons tied to the wrist, while the other arm feels as though it is made out of lead from the elbow to the fingertips.

The more you imagine either the lightness, or the heaviness, or both, the greater the difference of feeling between your two arms, and the deeper you go into hypnosis. In fact, the slightest movement in your light hand makes you go **TEN TIMES DEEPER** into hypnosis, until your find your hand feeling so light that it feels as though it could

float weightlessly, as you see or feel those helium balloons pulling up on your wrist. Or your heavy arm feels SO HEAVY that it seems as though it would take just too much effort to even try to lift it. So you find it just feels better to let it get heavier and heavier... and the greater the difference of feeling between your two arms, the deeper you go into hypnosis.... [etc.]

What If a Client Fails Two Tests?

If anyone fails two tests, say:

That's O.K... Just take a deep breath and relax. CHOOSE a deeper state of hypnosis, DESIRE a deeper state of hypnosis, IMAGINE a deeper state of hypnosis, and you WILL go deeper with each suggestion you accept. Now take another deep breath, relaxing completely. Every suggestion you choose to accept takes you deeper and deeper.

At this point, use one or two more deepening techniques, and use several deepening phrases like the ones in the last subsection of Chapter 6 of this book. Then use another hypnotic test. Do not repeat either of the ones just used until there is a response to another, as your client has already proven to himself/herself that the tests can be resisted.

Can Convincers Be Used to Measure Hypnotic Depth?

Some scientific researchers of hypnosis have used various suggestions, including "challenge" suggestions, to measure one's responsiveness to hypnosis. With this in mind, various scales have been devised with rigid sets of suggestions to be given.

If your motives for learning hypnosis are for scientific purposes, then you may conduct your own research to obtain detailed information about the various hypnotic scales, such as the Stanford Hypnotic Susceptibility Scale, and/or the Harvard scale, etc.

If your motives for learning hypnosis, however, are for helping people change their lives, then perhaps it is wise to decide whether you wish to become an expert in knowledge and scientific research, or whether you wish to devote your time and energies into becoming a master of the art! The way you use the techniques is more important than which techniques you use.

One does not have to be an expert scientist in order to estimate whether a client is responding well to suggestions. And my own experience has proven that I don't always have to know exactly how deep my clients are in order to help them get good results. What's important is that their *belief* that they experienced trance contributes to their *expectation* of benefits from the sessions. This will make it easier for them to *imagine* good results, and become *convinced* that hypnosis works.

Is it a placebo? Perhaps it is. Perhaps all placebos are various forms of self-hypnosis, because of the mind power of the individual. The bottom line, however, is that client-centered hypnosis works. And if skillful use of convincers can strengthen the hypnotic formula, then why not use them?

In Conclusion

Hypnotic tests or "convincers" are important, especially for the client experiencing hypnosis for the first time. In my opinion, for non-medical uses of hypnosis, this is an even more important reason for the use of testing techniques than for their use in measuring and deepening the trance state.

There is yet another effective way to help a client become convinced of experiencing the hypnotic state: *the effective use of non-therapeutic post-hypnotic suggestion*. This will be discussed in the next chapter.

Chapter 8

Post-hypnotic Suggestion & Suggestion Structure

One of the most amazing characteristics of hypnosis is the way the subconscious responds to suggestion.

The objectives of this chapter are to provide an overview of the two basic kinds of post-hypnotic suggestion, both non-therapeutic and therapeutic, to show how to use post-hypnotic suggestion as a hypnotic induction, and to discuss suggestion structure itself. There are also *two styles* of hypnotic suggestions: *direct* suggestion and *indirect* suggestion. Direct suggestion is often paternal, and indirect is usually maternal or permissive; but there can be exceptions both ways.

Before we go any deeper into this chapter, let's put a simple definition on all post-hypnotic suggestion:

A post-hypnotic suggestion is any suggestion given to a person while in the state of hypnosis, which is carried out after that person leaves hypnosis.

Non-therapeutic Post-hypnotic Suggestion

A non-therapeutic post-hypnotic suggestion is one that has no beneficial motivational value, or no direct bearing on therapy, and is *not* necessary for self-improvement.

Outside of a stage hypnotist's use in entertainment, the primary reason for giving any non-therapeutic post-hypnotic suggestion would be as a hypnotic "convincer" to help convince a client that he/she had really experienced the state of hypnosis. An example would be:

After I awaken you from hypnosis, you have an increasing urge to touch your nose one time. If you try to resist, you smile or laugh spontaneously.

Note the *double bind* in this example. The few who try to resist will almost always smile or laugh--and often still end up touching their noses! Also, inclusion of the words "one time" will put a time limit on the suggestion for its automatic removal after only one response (which is considerate).

PLEASE NOTE that you should be considerate enough to remove any post-hypnotic suggestions that are not necessary for therapy, unless there is a direct client benefit in leaving them active. For example, it would be insensitive to cause someone to scratch his/her nose for the rest of the day! On the other hand, a suggestion for responding alertly to any traffic situation is beneficial even though not relating directly to therapy--yet could still be considered by some hypnotists as non-therapeutic even though it benefits the client.

Mr. Tebbetts emphasized on page 252 of the second edition of *Miracles on Demand* the importance of removing all unnatural suggestions:

If she should have an accident, such as falling down on a slick floor--although entirely unrelated to the hypnotic session--and the unremoved suggestion had been that her legs were heavy, or stuck to the floor, she could conceivably believe you to be at fault and file suit. It is also possible that a person who hates her job might wish to keep the suggestion that her right arm is too heavy to lift.

My mentor also emphasized the importance of canceling even those suggestions that a client has rejected, as he believed that when a client leaves your office, he/she should

be released from any and all suggestions except those that are beneficial. And as previously noted, I agree totally.

Therapeutic Post-hypnotic Suggestion

Any post-hypnotic suggestion given which is constructive to the therapeutic process and/or directly beneficial for the client is what I consider to be a *therapeutic* post-hypnotic suggestion. For example:

Whenever you choose water to satisfy a snack urge, you find yourself satisfied both physically and mentally.

If hypnosis really caused your client to be "under your power" then it would be sufficient for you to just tell your client what his/her new desired behavior should be. But since all hypnosis is really guided self-hypnosis, it's not quite that simple. Furthermore, even if someone consciously wants to accept a suggestion (with the logical mind), a strong emotional desire to reject a suggestion could result in many of your suggestions going in one ear and out the other. Improper wording (or poor structure) can also neutralize some suggestions; so we will examine that as well in this chapter.

Post-hypnotic Suggestion as a Hypnotic Induction

Many hypnotherapists find it beneficial with certain clients to give post-hypnotic suggestions for instant hypnosis. In my opinion, it is wise to use the combination of *both* a verbal cue and either a visual or kinaesthetic trigger. This provides a measure of safety against hypnotizing someone by accident. For example:

Whenever I touch my earlobe [or the back of your hand] and say the words, "DEEP HYPNOSIS," you find that you can immediately go into a deep hypnotic peace.

Let's examine the above statement. First, there is either the visual or kinaesthetic trigger combined with the verbal

cue which is given. Second, the use of the word "find" enhances the likelihood of results (as explained on page 72). Third, "...you can immediately..." is permissive and leaves choice, so that your client has the choice to either resist or go ahead and enter hypnosis. (It is usually unwise to hypnotize someone without consent!) Fourth, "...a deep hypnotic peace" suggests that hypnosis is a peaceful feeling--and in this high-stress society we live in, any escape to total peace becomes pleasant.

Direct and Indirect Suggestion

As previously mentioned, there are two styles of hypnotic suggestions: *direct* suggestion and *indirect* suggestion.

Direct suggestion is frequently perceived even by hypnotherapists as being those suggestions given in a paternal way rather than in a permissive or maternal manner. However, it is my opinion that any suggestion given as a direct request is a *direct suggestion* even if done in a style that is very maternal. This also includes a therapeutic statement given as an affirmation in the "you" rather than "I" format.

Indirect suggestion is given in a more permissive style, even if done paternally. Metaphors, or stories, can also contain indirect suggestions as the client identifies with parts of the story. One might wonder how or why a story could heal or eliminate pain. In *Hypnosis and Hypnotherapy* (Helmut W. A. Karle), there is an interesting example of some Ericksonian hypnosis done over a century before Erickson's birth--by a mother to her child. In 1794, her son developed a tumor that had to be removed surgically. She sat beside him during the surgery and told him a story so interesting that the young boy felt no pain in spite of the fact that no anesthesia was available back then. The surgery was successful. Many years later the boy published the story his mother had told him. The boy was Jacob Grimm. The story was "Snow White."

Much has been written on indirect suggestion as a result of the work of Dr. Milton Erickson. I will only touch on it here, however, since Charles Tebbetts primarily used and taught techniques employing direct suggestion. On occasion he used indirect (or permissive) suggestion; but he believed that when people paid their money to go specifically to a *hypnotherapist*, then they would be more prone to respond to direct suggestion than someone seeing either a physician or counselor using hypnosis as an adjunct, when hypnosis was not the client's (or patient's) original expectation.

Some proponents of indirect suggestion believe that a more permissive style is *always* better. This may be true for some of the people some of the time, but not for all of the people all of the time. It is true that the conscious mind can monitor direct suggestions, but they are easily accepted when there is no resistance. However, if you have reason to suspect your client might resist even simple suggestions, then an indirect style might be best. On page 75 of *Hypnotic Investigation of Psychodynamic Processes*, Rossi says:

The reason for the greater effectiveness of indirect suggestion may be formulated as follows: In most trances some consciousness is invariably present in the form of an observer attitude; the subject is in part lost in the experience, but in part the ego is quietly observing what is happening, just as it can in dreams (p. 75).

If you are a professional desiring to use hypnosis only as an adjunct to your existing practice, and you wish to use primarily indirect suggestion, then I suggest you spend some significant time researching the indirect suggestion techniques mastered by Milton Erickson. Another alternative is to obtain a good script book--or compose your own scripts and get them critiqued by an experienced hypnotherapist or a professional well-versed in Ericksonian hypnotic techniques.

Two excellent books (besides the one just quoted from) for those interested in Dr. Erickson's work are *Experiencing Hypnosis* (Erickson & Rossi), and *Hypnotic Realities* (Rossi).

Charles Tebbetts put some comments concerning indirect suggestion into writing on page 37-38 (2nd edition) of *Miracles on Demand* (emphasis mine):

An eager beginner gives great reverence to such methods, and they have validity. However, because a method sounds creative, different or profound does not mean it is better than a simpler, tried and true method.

He told us in class (and wrote in his book) that many of these methods work for some of the people some of the time; but he believed that they were often an ego trip for the hypnotist. But *he did* sometimes use indirect suggestion--blending it with direct suggestion. During my association with Charles Tebbetts, he frequently expressed the opinion that "profound" techniques satisfied the therapist more than the client. He felt that as much as possible, we should keep our suggestions *simple* and understandable, whether using direct or indirect suggestions.

One of my former students, well-versed in scientific knowledge and research of hypnosis, is a registered trauma nurse who uses medical applications of hypnosis under medical supervision with patients in hospitals. He uses primarily direct suggestion, and does it quite effectively. In my own full-time experience of over 13 years as a hypnotherapist, I have used more direct suggestion than indirect suggestion; however, I frequently blend direct and indirect suggestions together into my inductions and deepening techniques, depending on my intuitive feelings toward my client. And as long as the client is happy, that's the bottom line.

On the next page you will find a few examples of both direct and indirect suggestion...

Direct Suggestion

1. As you relax you get so sleepy that you just want to enjoy. Your mind wanders, but your subconscious listens to my voice.
2. Now just take a deep breath, and release it. Relax, let go, and just go deeper. You will feel a greater sense of deep, hypnotic peace with each breath that you take.
3. Imagine helium balloons tied to your left arm. The more you imagine seeing or feeling the balloons, the lighter your arm becomes. And your other arm feels as though it is as heavy as lead, as though it is too heavy to even try to lift. And as you imagine the heaviness and the lightness, you notice a greater difference of feeling between your two arms.
4. Close your eyes now, and notice how they just want to stay closed. As your conscious mind wanders, your subconscious hears and responds to every word I say.

Indirect Suggestion

1. You can get sleepy...relaxed. You can enjoy... as much as you want to. But you don't need to listen. Let your conscious mind wander.
2. A hiker walking in the woods fills up his lungs with a breath of air, noticing that nature is serene and tranquil...giving him a deeper sense of inner peace with each step, and with each breath.
3. You may notice something interesting happening in one of your arms. Perhaps one of them may feel lighter as if being pulled up by helium balloons... or perhaps one of them may feel too heavy to lift. I don't know which feeling is easier for your unconscious to allow you to notice.
4. It keeps becoming less and less important for your eyes to try to stay open, and it becomes less and less important whether or not you listen to my voice consciously, because your subconscious will hear everything I say and can cause you to respond.

Constructing Effective Suggestions

In the use of any hypnotic suggestions, Charles Tebbetts believed that both *what* is said and *how* it is said could make a difference to the subconscious. He also felt that, as a general rule, the language should be simple enough for a twelve-year old to understand. He provided some written guidelines for autosuggestion in Chapter 3 of *Self-Hypnosis and Other Mind-Expanding Techniques*.

I incorporated his philosophy when I wrote the chapters on affirmations in my book, *Success Through Mind Power* (revised as *Self-hypnosis for Empowerment*). Affirmations--

positive statements of belief--became more popular in the 80's, but all too few seem to know how to structure and use them properly. Since they are like hypnotic suggestions (only in first person format) we should use similar guidelines for maximum effectiveness. Fortunately for me my book *predates* Dr. Shad Helmstetter's outstanding book, *What to Say When You Talk to Your Self*--which provides some credible support to validate many of my own opinions relating to affirmations. I strongly recommend his book to anyone interested in learning more about positive self-talk. Another book going much deeper into the semantics of suggestion (as it relates to hypnosis) is *Psychosemantic Parenthetics* by James F. Russell, PhD., who has researched hypnosis for many years.

Just as poor affirmations can become self-defeating, poorly constructed or misused suggestions could also move client goals further from reach. So because wording is so vitally important in the structure of suggestions, let's look closer at some of the basic guidelines for suggestion structure. Some of these guidelines come from Charles Tebbetts, and some come from my own experience.

Keep the language simple and be specific

When using direct suggestion, state *exactly* what is desired, in simple and specific language. The subconscious is like the "child" in all of us, and children often don't respond well to vague, unclear directions. For example:

With each breath you take, you go deeper and deeper into a deep, hypnotic peace.

A bad example would be: *Each time you expand your lung cavity with air and release it into the atmosphere, you traverse into more of the deeper levels of the somnambulistic trance state, internalizing a greater tranquility.*

What's wrong with this second suggestion?

Some of you may be laughing right now, but I have heard such vague suggestions when I've been on the receiving end of hypnosis! And my emotional reaction is much the same as when I'm reading a book written in such pedantic language that even a PhD would have difficulty understanding it.

Keep it positive--suggest the desired result

State the desired result, not what you want avoided.

You find greater satisfaction from the right amounts of those foods which help you reach and maintain your healthiest, ideal weight.

A bad example would be: *You don't enjoy eating sweets any more, because you don't want to stay fat.*

What's wrong with this second suggestion?

The language of the subconscious is NOT logic; but rather, it is one of our friendly ingredients of the hypnotic formula, *imagination*. This suggestion, therefore, self-destructs by causing the mind to *imagine* sweets and fat. The negative words are usually ignored by the subconscious because of what is known as the *law of reversed effect*.

To illustrate further, say the following statement out loud:

Don't think of a DOG!

Most people will immediately *imagine* seeing a dog, hearing a dog bark, or the feel of a dog's fur, etc.

A client came to me who went through a quick-fix stop-smoking program. At her request, I listened to the hypnosis tape that a hypnotist had given her. One of the hypnotic affirmations was: *"You do not need food as a substitute for smoking."* You guessed it! She was substituting snacks for her cigarettes, and had gained 40 pounds in nine months!

One of the quickest ways in the world to spot an inadequately trained hypnotist is to listen to the suggestion struct-

ure. Even though the best of us can make an occasional slip, some who have taken only a weekend workshop (or less) frequently use negative wording and/or *aversion* suggestions throughout their sessions (or hypnosis tapes). Somehow they seem to feel that having a smoker wallow around in fantasies of lung cancer or crippling strokes will *scare* them into quitting--yet this pushes the "rebel" button in some smokers (as reported to me by clients). Worse yet, what happens if they keep on smoking after imagining such horrible diseases?

Charles Tebbetts *RARELY* gave aversion suggestions.

What is expected tends to be realized

This could also be called: *the law of expectancy*.

One basic natural law is that we tend to get whatever we believe or expect at a subconscious level. This applies to hypnotic suggestion just as it does in affirmations. And when we construct hypnotic suggestions in a way that feeds into the *expectation* of our clients, we have another vital ingredient of the hypnotic formula working--especially after several other previous hypnotic responses. For example:

Just as you found your arm dropping when you imagined the bucket, you can also find your arm getting lighter now by imagining helium balloons.

Artful use of compounding suggestions can increase the expectation and likelihood of acceptance of therapeutic post-hypnotic suggestions. Each suggestion responded to *during* the hypnotic state will increase the client's expectation of continued automatic responses; however, a well-constructed post-hypnotic suggestion can add to this effect if given in a way that builds on both belief and expectation:

It's natural for your body to have water... so whenever you choose water to satisfy snack urges, you find it becomes totally satisfying, because you love your power of choice.

The principle of compounding suggestions can also be done with indirect suggestion:

Is it necessary for you to find those urges diminishing immediately? You may have been surprised when your arm felt lighter. Won't you also be surprised when you wake up some morning and find yourself feeling like a non-smoker?

Emphasize and emotionalize (say it with *FEELING*)

Charles Tebbetts used to say, "Exaggerate and emotionalize." He taught that we should use words such as *wonderful, beautiful, great, joyous, tremendous*, etc., and say them with *feeling*.

When I was doing student sessions at his hypnotism school, others seemed to respond faster when I followed his advice and spoke with feeling--much more than when I used a monotone voice.

How do you give suggestions with *feeling*?

First, you can *emphasize* certain words. But second, and far more critical, *project yourself into the importance* of the suggestions, and allow yourself to *feel* the art *intuitively*. Put yourself in your client's shoes. For example, tell your client that it *feels good* to go into deep hypnosis, etc. Also, learn enough techniques so well that they just become like second nature to you--so that you can literally go into a light state of self-hypnosis yourself when you work with someone.

My voice coach used to tell me to *feel* the music I was singing. This was difficult until I learned the piece of music and could sing it from my "right brain" instead of from my conscious mind. There were just too many musical concerns for me to think about until the music flowed so easily that I could literally go into *alpha* and let my *feelings go with the flow*. Also, it helped me to project into the message, or the meaning of the music. And when I facilitate hypnosis, I also project into the meaning and impact of what I say.

There can be no pretense on this issue if you are using hypnosis in an analytical way purely from a technical frame of reference. It's difficult to feel an art if you are working totally from the "left brain." You may miss some important opportunities to adapt wisely to your client if you close down your intuition.

If it is absolutely essential for you to be precise, then choose (or write) your script ahead of time and stick to it. Become familiar enough with its content so that you can still emphasize certain words and speak with feeling.

An excellent script book of *Hypnotic Inductions and Prescriptions* (by Arthur E. Winkler, PhD) can be purchased from St. John's University in Louisiana. The telephone number is (504) 294-2129. This book contains numerous scripts blending both direct and indirect suggestions together for inductions, deepening, and for various therapeutic uses of hypnosis. I use this frequently and highly recommend it. (They will only sell it to certified hypnotherapists, or hypnotherapy students who have completed half of their training in a recognized training program.)

Should we use present tense?

If you give the subconscious an escape hatch, it usually finds a way to use it--so use caution with future tense. Link it to a specific time, event, or trigger in any direct suggestion.

By making the statement, "*Tomorrow you will control your eating habits,*" you give the subconscious permission to wait until tomorrow--and we all know that tomorrow never comes! In direct suggestions, don't link the desired result to an undefined future.

I used to avoid using the word "will" altogether in giving suggestions--as is apparent to anyone who has read my self-hypnosis book. It still seems important to use only the present tense with *affirmations* for self-hypnosis; however,

according to the results of others as well as my own occasional use of scripts, use of "will" linked to a *specified time* or *trigger* (action) may be given as a hypnotic suggestion with a good likelihood of increasing the subconscious response.

Should you be active or passive?

When using autosuggestion, it is better to use active statements (or affirmations). *I can sing.* Does that tell you that I actually do sing? *I can also cook--when I get around to it.* (God bless microwaves!)

With hypnotic suggestion, however, there are times when it can be both appropriate and desirable to be passive and/or permissive. "Can" is a passive and/or permissive word, and has a valid place in any type of suggestion you give where you want your client to maintain choice and/or increase ability. (Refer to the subsection "Post-hypnotic Suggestion as a Hypnotic Induction" in this chapter for an example of how to use the word "can" for choice.)

Direct suggestions *actively* suggest the desired result:

Close your eyes, take a deep breath, and relax.

An indirect suggestion passively or *permissively* suggests the desired result:

When you are ready, you *can* allow your eyes to close, and notice how easy it is to take a deep breath and relax.

Just as with hypnotic suggestions for response *during* hypnosis, there are two schools of thought on whether a therapeutic post-hypnotic suggestion should be active (direct) or passive (indirect). In my opinion, that partly depends on what the client wants and how the client responds to your suggestions--and there is no absolute answer to this question. If you believe there might be client

resistance, you could lessen the likelihood of resistance by *preceding* your induction with an indirect suggestion such as:

Would you like to extend the foot rest on the recliner so that you can enjoy a deeper state of hypnosis?

And then consider using some very powerful permissive suggestions, such as what is described next.

The EITHER/OR choice, or the double bind

This combines the best of salesmanship with hypnosis. Any properly trained sales person knows that the possibility of getting a "no" is less if you say, "In your price range, I can give you *either* the brown chair *or* the blue chair. Which do you prefer?" This same principle applies in hypnosis, as the true artist of hypnosis is actually *selling* suggestions!

You may feel your arm getting lighter while you go deeper into hypnosis, or you may prefer to let it feel very heavy as you sink down into deep trance.

Some people consider this a form of *indirect* suggestion because it involves choice; but the double bind can contain two direct suggestions with the "either/or" choice. So which is it? You decide. Perhaps we should call it direct suggestion given in a permissive way--or *permissive direct suggestion*.

In my opinion, results are more important than labels!

Avoid words with double-meanings

The subconscious knows no jokes, so we need to state carefully *exactly* what we desire--without using any slang expressions or words that have conflicting, double meanings.

Let's look at a seemingly acceptable suggestion: "*Your good eating habits help you lose excess weight.*"

Can you see the subtle subconscious escape hatch here? We were programmed as children to try to *find* what we lose!

Yet how many people do you know who keep losing weight, only to find it again year after year? We can reduce, discard, release, throw away, give away, take off, get rid of, eliminate, or donate excess pounds; but if we think we lost weight, our subconscious will go looking for it again. A better way of stating this is:

Your good eating habits enable you to reduce easily.

Furthermore, unexpected client resistance after initial success could result from a word that has a negative meaning from your client's viewpoint even though such word might be generally positive. For example, one of my own clients kept popping right out of hypnosis every time I started deepening techniques. After four sessions where I just consulted her on the use of self-hypnotic suggestions, she realized that she had a phobia regarding the word "deeper" because of falling into a well when she was a small child. When I used the words "more mellow" instead, she went into somnambulism.

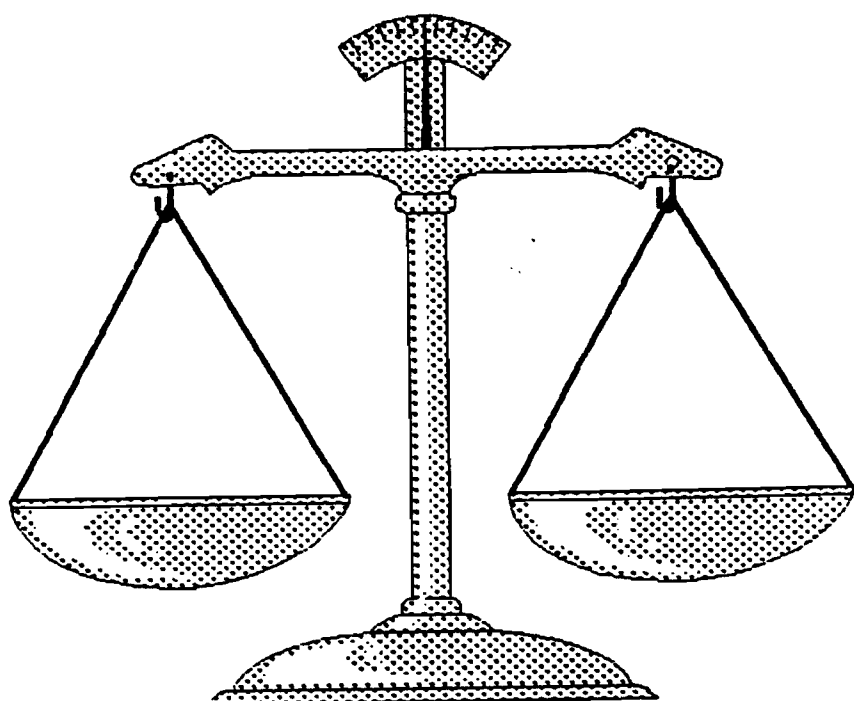
Also, "pride" is a negative word to some people because of religious training--but *very positive* to other people!

Be considerate and ethical

Some hypnotists seem to think it's "cute" to give dramatic or bizarre post-hypnotic suggestions. In one demonstration, a hypnotist put a pencil eraser on the hand of his subject (and I deliberately use the word *subject*) and told him it was a burning cigarette--and a painful blister formed. Even though the hypnotist boasted a *PhD* behind his name, creating pain needlessly was, in my opinion, an embarrassment to the hypnotherapy profession. Suggestions like this are prohibited in the ethical codes of most professional hypnosis associations.

Always give only those suggestions you would be willing to respond to if your roles were reversed.

This is a good lead-in to the next chapter.



Chapter 9

Ethics & Potential Dangers

Hypnotic ethics could be summarized in one statement: *do for the client what you would want done if your roles were reversed.*

If every person using hypnosis diligently applied this golden rule to all uses of hypnosis, I could end the chapter right here and make it one of the shortest chapters ever written for a book. But since human nature makes it too easy to get sidetracked, an entire book could be written on this subject alone--so I suggest you keep on reading.

Also, if every person ever using hypnosis gave only ethical suggestions, no discussion of dangers would even be necessary; but since that is not the case either, we will discuss some of the real and imagined dangers of hypnosis after examining some of the ethical issues.

What Constitutes Ethics?

All valid professional hypnosis associations have codes of ethics that their memberships must agree to abide by. Although there are slight differences in many of the codes of ethics, they contain the same basic objectives: doing what is good for the client, maintaining client confidentiality, avoiding harmful techniques, etc., and other common-sense guidelines. While I may not agree with all the policies of the National Guild of Hypnotists, their code of ethics is a good example of how a typical client-centered code of ethics should be written; so I still discuss it in my hypnotherapy class. (Other associations also have similar ethical codes.)

The N.G.H. Code of Ethics and Standards

I. GENERAL PRINCIPLES:

- A. The physical and mental well-being of each client shall always be a prime consideration.*

Here again is the golden rule of hypnosis: do for the client what you would want done if the roles were reversed.

- B. The rights and desires of the client shall always be respected.*

Same comment as above.

- C. Members shall avoid any conduct which could be construed as moral impropriety or sexual misconduct with a client.*

This could be very costly! (See p. 161-162.)

- D. Members shall use hypnosis strictly within the limits of their training and competence.*

Any hypnotherapist not doing this could be gambling with his/her career.

- E. Members shall be honest and ethical in their advertising and business dealings.*

A false ad may get a quick buck, but ultimately you will pay for it. And when hypnotherapy is misrepresented, it reflects poorly on the profession in the eyes of the general public. (See p. 150-151.)

- F. Hypnosis shall be employed in accordance with established laws and regulations.*

Let's do what we can to keep hypnosis legal!!!

- G. Members shall be aware of their limitations and always avoid infringement on other professions.*

It would be inconsiderate of your client for you to refrain from referring him/her elsewhere when appropriate. My own experience shows that clients respect the integrity of staying within one's qualifications.

- H. Professional behavior and respect should be extended to all fellow hypnotists.*

We are in a people-helping profession. Let's be more helpful to each other as well.

II. PRACTICE OF HYPNOSIS:

- A. Members shall establish and maintain proper records necessary to a professional practice.*

Check with state, city and county governments for appropriate business licenses and/or any record-keeping requirements. Also, be sure to keep client records confidential and locked.

- B. Members shall use hypnosis with clients to motivate them to eliminate negative or unwanted habits, facilitate the learning process, improve memory and concentration, develop self-confidence, eliminate stage fright, improve athletic abilities, and for other social, educational and cultural endeavors of a non-medical nature, unless to do otherwise is within the limits of their training and competence (emphasis mine).*

I always emphasize a *non-medical* nature to my students. Pain is a warning that something is wrong with the body, and

the source of the pain must be diagnosed by someone competent and licensed to do so. (See page 158.)

The N.G.H. code goes on to specify: avoiding harmful inductions; demonstrating hypnosis in a tasteful way; avoiding shocking or sudden awakenings; removing unnecessary suggestions; avoiding age-regression unless trained in this area and avoiding forensic hypnosis unless adequately trained in that field of study; avoiding suggestions for hallucinations which could be frightening, shocking, obscene, sexually suggestive, degrading or humiliating; and employing positive post-hypnotic suggestions. In addition, other professional behavior is specified. There is nothing in the N.G.H. code of ethics that any professional using hypnosis shouldn't already be doing or avoiding, if he or she is sincerely serving the client. But there is one other ethical issue that is so important that I must devote an entire chapter section to it.

"Hypnotic Seal"

The N.G.H. Code of Ethics and Standards prohibits giving suggestions to a client blocking the induction of hypnosis by another, as this is an infringement on the rights of that client (II-H-2); yet, as incredible as it seems, this unethical practice has actually been advocated by some of the "experts" in the scientific community! This has been called by some the *hypnotic seal*, and is discussed in detail in Myron Teitelbaum's *Hypnosis Induction Technics* (pages 104-110).

Several years ago I had a student in my class who had such a seal placed on her, and she could not respond to any student in the class during the practice sessions even though she wanted to. I broke it by first showing her a copy of my membership certificate in a professional hypnosis association, proving to her subconscious that I knew what I was doing. Then I used suggestibility tests to help her understand the role of imagination in the hypnotic process. After again stating that all hypnosis is guided self-hypnosis, and that she

would be the one actually *hypnotizing herself* by using my words as a guide, *she could allow herself* to enter hypnosis. Once hypnotized, it became easy for her to accept my suggestions to respond to any professional hypnotherapist or student of hypnosis whenever *she chose* to be hypnotized; and the seal was broken.

Even if you think you might have a reason to put such a seal on someone, think again! In my opinion, you are not doing any favors for that person, nor are you doing any favors for the hypnotherapy profession.

Ethics Legislated in Washington State

Hypnotherapists in Washington State are legally required to follow the ethical *Uniform Disciplinary Code*. There is a flier printed by the state government which spells this out in easy language suitable for distribution to a client. It discusses client and counselor responsibilities and rights:

You and your counselor or hypnotherapist should discuss the type of counseling you will get; the methods or techniques that might be used; the therapist's education, training and experience; and the cost of counseling sessions. The counselor or hypnotherapist must give you written information that explains these topics, let you read the information, and have you sign a statement that you've read the information.

The definition of professional conduct is then spelled out by Washington State for the new client, as the flier informs the client about what kind of professional conduct is prohibited:

Abuse of a client or sexual contact with a client.

Incompetence, negligence or malpractice that harms a client or creates an unreasonable risk of harm to a client.

Willful betrayal of a practitioner-client privilege as recognized by law.

The commission of any act involving moral turpitude, dishonesty or corruption relating to the practice of counseling or hypnotherapy. The act does not have to be a crime in order to be a violation of the law regulating counselors and hypnotherapists.

Practicing counseling or hypnotherapy while suffering from a contagious or infectious disease in a way that would pose a serious risk to public health.

Aiding a client to obtain an abortion through illegal means.

Possession, use or distribution of drugs except for a legitimate purpose, addiction to drugs or violation of any drug law.

Habitual use of or impairment from the use of alcohol.

Misrepresentation or fraud in any aspect of the conduct of the profession.

Advertising that is false, fraudulent or misleading.

Offering to treat clients by a secret method, procedure or treatment.

Although many hypnotherapists were initially afraid of the legislation in Washington, it has proven beneficial for both the public and the hypnotherapy profession up to this point in time, because it requires both basic ethics as well as full disclosure to clients as to the hypnotherapist's training, education, experience, professional associations, etc. It also prohibits the charlatans from making hyped-up false claims about hypnosis, because false advertising is prohibited by law.

For some reason, however, this has not yet stopped the "hotel hoppers" from advertising 97% success rates for their aversion stop-smoking programs. Since most people don't seem to read the fine print in the ads, many of them--who want something quick, cheap and "guaranteed"--go to such programs and leave them thinking hypnosis is a scam because they still want a cigarette.

Can you make a quick buck in hypnosis if you know how to market with such misleading ads? Unfortunately, yes! Are you doing the public and the hypnotherapy profession a favor? My response is: I wish you would refer your participants to local hypnotherapists for the badly-needed follow-up sessions!!! Let's create a multi-win.

There are additional prohibited actions spelled out in Washington beyond what I've quoted here; but I will comment on only one more prohibited act:

Promotion for personal gain of any drug, device, treatment, procedure or service that is unnecessary or has no acceptable benefit to the client.

Some hypnotherapists have joined multi-level marketing organizations which seek to market their products through network marketing. If you are making any attempts to market products to your clients for your own personal gain, it may be in your best interests to consult with an attorney. Do you wish to be a hypnotherapist, or a health-food salesperson? If both, then consider the fact that some clients might perceive it as a breach of professionalism to seek hypnotherapy and get sold "Nutri-Off" or "Macro-Eat", etc, etc. Furthermore, the sale of tablets supposedly to reduce withdrawals from nicotine could be construed as prescribing. And in Washington State, you could get into deep trouble (and may be in violation of the Uniform Disciplinary Code) by improperly selling products in your office.

Is Hypnosis Dangerous?

Many professional hypnotherapists agree with the opinion held by Charles Tebbetts, that hypnosis of and by itself is not dangerous. Mr. Tebbetts often stated that not one documented case of someone being harmed by hypnosis had ever been presented to him. At the same time, he recognized the fact that the misuse of suggestion to remove pain could be detrimental to a client (*Miracles on Demand*, page 43). For example, masking headache pain just because a client wanted relief could prevent early detection of a brain tumor; so Mr. Tebbetts taught his students to always have a written medical consent from the client's examining physician before using any medical applications of hypnosis.

John C. Hughes, in *The Induction of Conviction*, concurred by saying:

Hypnosis in and of itself is not at all dangerous. The only possible danger is in the misuse of suggestion. The responsible and adequately trained hypnotherapist, through judicious use of appropriate suggestion, will avoid any difficulty in his or her use of hypnosis. So are there people using hypnosis without adequate training? The answer is unfortunately in the affirmative; however, even people with advanced degrees often engage in hypnosis without having had adequate training! And the advanced degree is not a substitute for training in the art of hypnosis.

This brings up a very controversial question for both real and imagined dangers of hypnosis.

Just What Constitutes Adequate Training?

There are many thousands of competently trained hypnotherapists helping people make profound changes in their lives through the skilled use of appropriate suggestion. Many

have only B.A. degrees, or even less, but have received specialized vocational training in the use of hypnotism--recognized and credentialed by one or several professional hypnosis associations. Yet there are some hypnotherapists with graduate degrees in psychology or medicine who complain that only people with advanced degrees should practice hypnotherapy because of the "dangers" of hypnosis. Charles Francis, M.A., A.C.H., considers this position totally unwarranted, as stated on page 79 of his book, *Counseling Hypnotherapy: The Synergism of Psychotherapy and Hypnotherapy...*

Many psychologists and physicians who use hypnosis are minimally trained in that field. Studies of hypnosis are not usually requirements of graduate or medical degree programs. Hypnotherapy has proved itself and grown in value and recognition to the point where it can and should stand on its own feet. But competency should be required and verified by training organizations.

As of the revision of this book, the various professional hypnosis associations have agreed upon an industry standard of a minimum of 300 hours: 100 of education + 200 hours of practicum. While I feel the standard may someday be higher, I will support this major step forward.

Even now, some hypnotherapy instructors invest time and effort in their training programs by submitting their curriculum to one or more of the various hypnosis organizations for approval or certification. (I have personally submitted my course curriculum to several different hypnotherapy associations, including the International Medical and Dental Hypnotherapy Association, and a state association--the Washington Hypnosis Association. Tacoma Community College also had to approve the course.) Such professional approval is usually dependent on both the number of hours the

hypnotherapy instructor includes in the training program as well as the content of material taught. And, as pointed out earlier, some professional hypnosis associations--including those that have endorsed my course--have annual requirements for ongoing annual continuing education.

There are many self-certified hypnosis instructors, however, who take short cuts and create their own self-certifying "associations" rather than investing the necessary time and effort to submit a course curriculum to any of the various legitimate associations for approval. And some people claim to "train and certify" after only a weekend workshop, providing an attractive looking "certificate" that has not been credentialed by an objective third party. People who go through such programs are taking their chances on the quality of training. And even when sophisticated academic and scientific information is included in such courses, there is *no substitute for practice* to master an art.

In 1991 an internist told me that he had gone to a weekend hypnosis training program to become a "Certified Medical Hypnotherapist." He said this program was open to physicians and people with other doctorate degrees. He stated that a few interesting medical applications of hypnosis were presented, but added that his degree in medicine did not substitute for the lack of training in the art of hypnosis.

I respect those who have earned advanced degrees; but I take exception to those who put the label of "lay hypnotist" on a full-time professional who is trained and dedicated to the art of hypnosis. There are claims of "lay hypnotists" harming people. Well, how many people die on operating tables?

Sarcasm aside, I will not attempt to defend any misuse of hypnosis. However, some of the most inconsiderate uses--or abuses--of hypnosis that have come to my attention by either

clients or people I know personally have been made by people with either "M.D." or "PhD" behind their names.

Do Advanced Degrees Insure Wise Use of Hypnosis?

One client who saw me in 1987 for smoking cessation said that he had seen a physician for hypnosis a year earlier (rather than a hypnotherapist) because he wanted it to be paid by his insurance company. My client said he had a vivid memory of that physician suggesting "toxic pollutants" poisoning his lungs, creating cancerous tissue--and he visualized this while he was in the state of hypnosis!!! He continued smoking in spite of the aversion suggestions, and did not return to this doctor. By the time he saw me, he said that there was frequent pain in his chest. Although I advised him still to consult a licensed physician for the pain in his lungs, I did accept him as a client for smoking cessation. After going a full month without smoking, he told me that my hypnosis program saved his former doctor from a malpractice suit.

Another case of insensitive suggestion was given by a psychiatrist who told his patient that she would get nauseous every time she tasted or smelled pizza. Since she was desperate to overcome her pizza addiction at the time, her subconscious bought the suggestion. Unfortunately, her husband and teenager loved to have pizza delivered several times weekly, which resulted in her leaving the room and losing whatever was in her stomach. This went on for a year before she finally got enough courage to see me and have the suggestion reversed. I asked her why she didn't go back to her psychiatrist right after she realized the inconvenience, and her response was, "I didn't trust him anymore."

Another unwise use of hypnosis was reported to me by a hypnotherapist who said her client was hypnotized by a PhD for a fear of swimming, and was given a "shock" suggestion to imagine being sucked into a giant whirlpool at sea. The next evening, after finishing his bath, he looked at the small

whirlpool caused by the water going down the drain, and went into a psychotic episode.

In yet another case, a woman who had been abused by several male authority figures saw a PhD who told her--while she was hypnotized--that she was rebellious, and he *ordered* her to obey his suggestions! The female hypnotherapist who discussed this case with me informed me that the woman was ruined for seeing male therapists after this incident.

I mentioned earlier in this book the insensitive example of another PhD creating a painful blister.

Also, as discussed earlier in this chapter, how many people are running around thinking that they cannot be hypnotized because they have been given a "hypnotic seal" by some inconsiderate hypnotist--with or without degrees?

Now let's examine what some "experts" in the scientific community consider to be potential dangers of hypnosis:

Potential of mental illness

The risk of positive suggestion creating a mental illness is, in my opinion, almost non-existent for the clients of any hypnotherapist using common sense and being considerate of his or her client. However, using bizarre programmed imagery in a negative way is a question of ethics and/or lack of training in hypnotherapy. The PhD who used negative suggestion in the whirlpool incident described earlier in this chapter certainly had training in psychology, but apparently little or no training in hypnotherapy. Also, did the psychiatrist who gave his patient the aversion suggestion about pizza use either common sense or suggestions that were considerate? Had he gone through a *professional hypnotherapy* training program, maybe he would have had the common sense to avoid such obvious insensitivity to his patient.

Being considerate of clients--as well as using common sense with suggestions--should eliminate this as a concern for

the adequately trained hypnotherapist, whether or not the hypnotherapist has an advanced degree.

Also bear in mind that those who are told in advance of hypnotherapy that *all hypnosis is really guided self-hypnosis* will be even much more likely to reject any suggestions they don't want. This may not be as true, however, for someone who enters hypnosis with the erroneous belief that a medical authority is in control of his/her mind during the hypnotic state. People *respond according to their beliefs*; and through *ignorance* a person could be duped into giving away more control than necessary--thus giving the unethical hypnotist virtual control over the subject who subjects himself to such.

Causing hypnotic regression

A hypnotic regression is like a memory "flashback" in time. All of us can experience this when watching a motion picture that reminds us of a childhood memory. The movie *Platoon* caused many Viet Nam veterans to have vivid regressions. Perhaps every motion picture theater should have an attending psychologist present whenever a movie is shown in case people have abreactions.

First of all, let's consider the fact that a trained hypnotherapist might, in some cases, choose to hypnotize a client with a hypnotic regression being *one of the objectives* to achieving therapeutic results! This is perfectly acceptable if the hypnotherapist is trained in the effective handling of client abreactions, understands the risk of false memory syndrome, AND is also working within his/her competency.

The hypnotist who is not trained in regression therapy, however, is well advised to avoid deliberate use of hypnotic suggestion to cause a regression. Furthermore, hypnotic regressions are prohibited in some codes of ethics unless one has received training in regression therapy. Why is this so?

First of all, if a hypnotist improperly leads the client, fantasies could become mixed with memories--and a father's innocent hug could be perceived as a sexual molestation. If you cause this, you'd better have malpractice insurance! And secondly, you'd better know how to facilitate properly a client abreaction before you do regressions--otherwise your client could leave your office emotionally upset--or worse.

In over ten years of practice, over 90% of my sessions have NOT incorporated hypnotic regressions. So what about the rare *accidental* regressions where that was not the original intent? If this happens to a hypnotist untrained in regressions, the client should be kept in hypnosis and taken (in imagination) to a safe or peaceful place. Suggestions of general well-being can then be given, along with suggestions for the client to choose *wisely* when and how to deal with them--at the most appropriate time and place.

Making a disorder worse by symptom removal

Any competent hypnotherapy instructor emphasizes to his or her students the importance of requiring a written referral from an examining physician before ever using hypnosis to reduce pain or to attempt to remove physical symptoms. The exception (for those who are not licensed to practice medicine) is if the examining physician is physically present and/or is supervising the hypnotic process. Since pain is a warning that something is wrong with the body, the cause must be discovered by someone who is licensed to diagnose.

Does this mean that hypnosis cannot be used to help someone who is suffering from a major illness? A woman suffering from arthritis as well as chronic back pain from an auto accident brought in a written referral from her physician to learn self-hypnosis for managing her pain. After four sessions, she was able to reduce her pain in a dramatic way; but with the back injury, her own mind kept just enough of her

pain present to prevent further injury to her back. The cost of her pain medication reduced from \$120 monthly down to about \$50 monthly, and both she and her doctor were happy.

I also know a certified hypnotherapist with a PhD who specializes in hypnotherapy for helping people who suffer from catastrophic illness. Naturally, his clients have to obtain the appropriate referral from their examining physicians. Also, as mentioned earlier in this book, Paul Durbin, PhD, actually works with patients inside hospitals in the South. (He is both a personal friend and a man of high integrity.)

I believe there is a virtually untapped market with the hundreds of thousands of people suffering from major disease; but it is very important to work cooperatively with the medical community in this area rather than to try to bypass it. I warn my students to avoid crossing the "invisible line" between appropriate hypnotherapy and unlicensed practice of medicine. Medical use of hypnosis (by someone not medically licensed) is a violation of ethical codes of most professional hypnosis associations, and could also result in a client getting worse (and potential legal complications). However, when a medical application of hypnosis IS appropriate, a competently trained hypnotherapist does not just remove symptoms; instead, he/she will usually first find out whether there is a subconscious cause which must be released, in order to reduce the possibility of the symptom returning. This process is discussed in *The Art of Hypnotherapy* (also available from Kendall/Hunt Publishing).

Criminal activity

No ethical hypnotherapist would even consider trying to use hypnosis to induce criminal or anti-social behavior, nor trying to trick someone into doing such. Furthermore, research seems to indicate that a person would not accept any obvious suggestions to break the law *unless* he/she is already

inclined to do so. Military use could appear otherwise, but only because the soldier has already decided to follow orders to kill for his country if necessary.

Forensic hypnosis

If you plan on using forensic hypnosis, perhaps you should read *Trance on Trial* (Schefflin and Shapiro) and then decide whether you wish to seek additional training in that field first. And, unless you have a legal background or background in law enforcement, be sure the training you receive is specialized and adequate. Even with all my years of experience in hypnotherapy, I still avoid the use of forensic hypnosis.

Excessive dependence or danger of prolonged treatment

The dependence issue should not be a concern with any client of a hypnotherapist who seeks to help a client become *self-empowered*. I have no knowledge of alleged "mind control" experiments that some people claim are taking place; but would oppose uses of hypnosis intended to disempower.

Client-centered techniques are designed to help clients use the *power of their own minds* to change, while the hypnotherapist is simply the guide or facilitator of such change.

Self-hypnosis is a very important part of my own success in life. Am I dependent on it? Well, my life would not be the same without it! And self-hypnosis is like a muscle. If I move a chair, I can easily lift it—but when I move a couch, it's easier if someone on the other end is helping me lift it. So when I seem stuck in an obstacle preventing me from reaching a goal, I'm very quick to swallow my pride and seek hypnotherapy from another professional!

When we go to school, we are educated on how to use our left brains with knowledge, intelligence, and hopefully some wisdom as well; but few of us are ever taught how to use our right brains in a positive manner. Self-empowering

hypnosis can help a client reach a greater potential, especially if the secrets of *self-hypnosis* are wisely shared.

Highly motivated people often use self-hypnosis without even knowing that they are doing so. Also, much has been written on visualization for healing and self-help, and even the scientific community is realizing the power of using the right brain. Two examples are *Healing Visualizations: Creating Healing Through Imagery* (Gerald Epstein, M.D.), and *Love, Medicine, & Miracles* (Bernie Siegel, M.D.). Another outstanding book on visualization is *Creative Visualization* by Shakti Gawain, written more as a "how to" book with some philosophical concepts than as an academic treatise.

And what about the danger of using hypnosis to prolong treatment? Any hypnotherapist working from a center of love wouldn't dream of using hypnosis to prolong treatment; however, some years back I was informed of a credentialed psychotherapist who gave her clients hypnotic suggestions to keep on returning week after week for over a year. One of her clients told me that she felt that the only danger of the otherwise enjoyable long series of sessions was to her own pocketbook; however, that did not justify the selfishness of what was done. While I would hope this to be only an isolated case, the day after Rabin was killed, a Seattle newspaper ran a front-page article about a licensed mental health counselor using hypnosis who kept a woman in session 147 times. I wonder where he got his hypnosis training.

Sexual fantasies

Not only would it be unwise to give sexually suggestive suggestions to any client, it is a violation of the Uniform Disciplinary Code as well as hypnosis ethical codes.

It's apparently common, however, for some women to fantasize affairs with doctors, as was told to me personally by some of the women I dated when I was single. They knew,

because they often engaged in such fantasies and told me so. (I have not taken a poll of my clients to ask them this question concerning hypnotherapists, nor do I intend to do so.)

Can a person in hypnosis have sexual fantasies? When you consider that many people don't even need to be in hypnosis to indulge in sexual fantasies, the answer is obvious. And common sense alone should tell the prudent person to avoid giving any suggestions which could possibly be perceived by a client as sexually suggestive.

Be Non-Judgmental of Your Clients

Charles Tebbetts used to advise us to work with clients from a position of being free from any prejudice or criticism, so that clients feel free of judgmentalism. He felt that if any one of us were born into the body of a client and had the same experiences, we would react in the same ways--and therefore we should put ourselves into the shoes of our clients. Furthermore, if our clients feel that we are criticizing them for their problems, rapport is difficult at best, and there could be damage to a client's self-esteem.

If a prospective client has so many opinions and ideas that you believe it would be difficult to work within the framework of his/her beliefs, then perhaps you should refer that person to someone more qualified to help. Remember that you are not there to change your client's religious belief system by teaching him/her your own spiritual, religious, scientific or philosophical ideas. Unless you are an ordained minister and someone is seeing you for spiritual counseling, be *extremely careful* what you say about religion and/or "new age" ideas, as you may be treading on thin ice. Also, clients can take offense at criticism of ideas that are not "scientific."

Several years ago I made the mistake of assuming that a client was a Christian when she had talked about "praying to God" for help with her problem; so I unwisely suggested that

she release her fear into the "Christ light"--and this would give her faith to increase her confidence. She brought herself immediately up out of deep trance, saying, "I'm Jewish, and I resent your using the name of Christ in this session!" Even though she accepted my apology, rapport was broken subconsciously, and she would not go back into hypnosis.

Several clients have complained to me over the years because of another hypnotherapist trying to convince them that their problems originated in another life. In my opinion it is a breach of ethics to intentionally attempt a "past life" regression with a client who has not specifically requested it.

I also saw a client who terminated her sessions with another hypnotherapist when the therapist criticized her for requesting a "past life" regression. If a client believes his or her problem originated in a former lifetime, then you should either work within the framework of your client's beliefs or refer him/her to someone who will. Period.

In Conclusion

It is not the degree of education that guarantees ethical use of hypnosis, it is whether or not the hypnotherapist is coming from a love center--and has the common sense to stay within his or her qualifications.

To the student of hypnosis, my advice is that you wait until you have training in a technique before you attempt to use it. This is especially true with regressions--as mentioned before--because a hypnotist has no business doing a hypnotic regression until he/she knows how to induce and deal with a client abreaction and understands the difference between guiding and leading. Sometimes students of the art of hypnosis want to jump ahead; but in the long run, I believe that you will find your patience is worth the end result.

Chapter 10

Self-hypnosis for Stress Coping

One of the more enjoyable evenings I experienced at The Charles Tebbetts Hypnotism Training Institute was the class on self-hypnosis training.

Mr. Tebbetts spent part of the evening reviewing some of the same material from his book, *Self-Hypnosis and Other Mind-Expanding Techniques*. Originally self-published, Westwood Publishing took over the first edition and sold several hundred thousand copies. After disputes over the copyright, it has been published both in its original form and in a revised version, both by Mr. Tebbetts and other publishers several times since its original printing. As of the writing of this book, I believe it is still available through Westwood Publishing--and I highly recommend it to all professional hypnotherapists. My students must purchase this book as part of their course requirement; and they are given a copy of my own self-hypnosis book, *Success Through Mind Power*.

At Edmonds, my mentor discussed the five methods of subconscious programming--which I have incorporated into my "Benefits Approach" to motivation, and teach in Part II of the Charles Tebbetts Hypnotism Training Course. (I'll discuss these briefly in Chapter 11.) He also discussed fractional relaxation, which I choose to call progressive relaxation, and then came the fun!

After the evening coffee break, Charlie told all of us to fold up the chairs and put them against the wall. Next, he had us lie down on the carpet, and then he proceeded to

demonstrate by guiding all of us into group self-hypnosis via progressive relaxation.

The journey began, followed by pleasant relaxing and deepening suggestions, guided imagery, and post-hypnotic suggestion to be able to repeat the process. And this was the only time I ever heard Charles Tebbetts use progressive relaxation as an induction. He believed that a fractional relaxation technique was generally the easiest way for a beginner to learn self-hypnosis, although his self-hypnosis book contains a number of various self-induction and deepening techniques.

Both his book and mine give guidelines for self-hypnosis--each with a slightly different focus. *Self-Hypnosis and Other Mind-Expanding Techniques* has a number of various scripts and techniques, written in easy-to-understand language--including some wellness scripts--as well as some theories about hypnosis and meditation. My own book, *Self-hypnosis for Empowerment* (published in 1987 as *Success Through Mind Power*), also written in simple language, is more a beginner's "how-to" book with motivation, goal achievement and stress-management being the primary emphasis--with some instructions on how to write effective affirmations. The only induction presented in my book is progressive relaxation. Yet Westwood Publishing has promoted the 1987 version as one of its best sellers, and numerous hypnotherapy instructors recommend it to their students.

When I teach self-hypnosis to clients, I usually incorporate stress management; because regardless of what one does to minimize stressful situations in life, there are still people who will push our buttons in spite of our best efforts to prevent it. And when our buttons DO get pushed, if we simply pretend we were not stressed, the negative emotion gets stuffed into the subconscious and will come back to haunt us later. This keeps psychotherapists, family coun-

selors, pastoral counselors, etc.--and hypnotherapists--quite busy.

The coping skill I teach my clients is simply to take one deep breath of air at the times their buttons are pushed, and then make a choice: respond now, later, or let it go. This will not solve all of life's problems, but since an ounce of prevention is worth a pound of cure, a wiser handling of emotion at the time our buttons get pushed can prevent or lessen the need for post-stress therapy.

Whenever someone does or says something that results in our having negative emotions, however, we must first accept ownership in order to deal effectively with the emotions. For example, if I say to someone, "SHE really made me mad," I just gave my power away. By changing the perception to the realization that *she sold me the anger, and I bought it*, I am now in control of that which I own. This perception is necessary to help me make one of the three choices.

The next subsection discusses the three healthy choices as I teach them to my clients, and is taken directly from Chapter 7 of my revised *Self-hypnosis for Empowerment*.

Stress Release Options -- the Healthy Choices

You have three healthy options for coping with stress:

1. **Express yourself immediately but appropriately.** Some situations, such as your child doing something dangerous or a sales objection during a "closing interview"--require immediate response. You may find emotion reflected in your voice and your breath in the first example. In the second example, you may wish to take a deep breath first, then simply express yourself calmly and confidently. In some situations, you may wish to find the humorous side of the situation. Laughter can be a good release; sometimes, tears; sometimes, one word spoken firmly; sometimes sarcasm; etc., etc.

2. Express yourself later at a more appropriate time and place. This option might be in your best interest if an associate at work pushes the wrong button while others are present. Some people will accept your opinion much more readily in private over coffee or tea rather than in front of peers. Furthermore, parents frequently find it more enjoyable at mealtime to insist that their children wait until after dinner to solve their arguments.

3. Release and let go--or, forgive. If you don't choose either of the first two options, then practice this one. If you think someone else owes you an apology, then you are the one in bondage to that belief. By freeing others from their emotional debts, you actually free yourself. Therefore, the key to forgiving is to release the other person from the apology they used to owe, and *also to forgive yourself* for buying the stress in the first place.

Most people use other options for stress control, such as stuffing it or internalizing. The results vary from person to person: you might take it out on friends or loved ones, take it out on strangers, take it out on the same person at a later date through blowing something up all out of proportion, or take it out on yourself through sickness, or escapism, or addiction, or by becoming accident-prone. Another common option is an uncontrolled, immediate emotional expression. These options are all hazardous to our health and wealth!

In going through the healthy scenarios during self-hypnosis, remember to rehearse each of the three healthy choices. Your response to the actual stress situation in real life is like the performance--which is made much easier by proper rehearsal during self-hypnosis. You are giving yourself post-hypnotic suggestions to allow your subconscious to respond to a given signal, and *you are the one who decides when to give the signal.*

This simple technique alone can increase commissions for many salespeople. The reason is that emotion can be transferred from subconscious to subconscious. If you are in a sales interview and you fear losing a sale after an unexpected objection, your prospective customer may subconsciously pick up on that fear even if you use every physical sales technique in the book to cover it up. Your fear is that you might lose the sale, but your prospect's fear will be fear of making a decision--so he/she will want to "think it over" and avoid giving you the real objection. By maintaining confidence, such confidence also comes across at a subconscious level. The prospect will be more prone to buy confidently, or have the confidence to tell you the real objection so you know where you stand. Remember that a firm "no" is better than indecision, which can drain your physical, mental, emotional and financial resources if you let it.

Practice the coping skill several times in the rehearsal room of your imagination while in a state of self-hypnosis. This helps your subconscious mind accept the desired technique at a quiet time when your emotions are not getting in the way. This is like the rehearsal, which any musician can tell you is essential before a good performance.

Doing It

Often I give my clients a copy of the chapter section you just read, and instruct them on how to do self-hypnosis via progressive relaxation. They can find their own comfortable places, either seated, reclined or lying down--according to individual preference. (Contact lenses should be removed if necessary, and chewing gum should be discarded.)

I inform clients that the first phase of the self-hypnosis for stress management is to fantasize being in a safe, peaceful place. While imagining sights, sounds, and feelings that are pleasant and peaceful, each should then take a deep breath and think the word "RELAX" while exhaling. The second

phase is to rehearse the successful use of each of the three healthy choices in the rehearsal room of the mind. After the above, those hypnotized may awaken themselves by counting forward from one to five.

After giving the instructions, I then guide my clients into hypnosis via progressive relaxation, and guide them through the entire rehearsal. I finish with suggestions for the deep breath being a reminder that they have the power of choice, and like a muscle used becomes stronger with use, the power of choice becomes stronger with use. Just as the singer rehearses before a performance, making the performance easier, my client can rehearse his or her desired behavior in the safety of the imagination. Then, in real life, when stress buttons are pushed, that's performance time!

I conclude with a post-hypnotic suggestion for successful use of self-hypnosis, and then awaken my clients.

If you wish to make a self-hypnosis script for your client, take the progressive relaxation script from Chapter 5 of this book and change the "you" format to the first-person format; or sell him/her a copy of my own self-hypnosis book, which has the instructions for how to do it.

It Only Works When It Is Used

The deep breath becomes a trigger for choice--now, later, or let it go. I want it to be a reminder to all of us (myself included) that WE are owners of our own emotions, and *we have the power of choice!*

Understand, too, that anyone's degree of success in coping with a stressful occurrence may vary according to the situation at hand--as well as the frequency of use of the coping technique. As a muscle is used, it becomes stronger. If it's not used, it weakens with time.

After you complete this self-hypnosis on yourself, take note of your opportunities to practice this new skill. Next

time you are driving and someone turns left in front of you, take a deep breath and think the word *RELAX*. If you feel like calling him a "jerk" first, go ahead--as long as you still take the deep breath before or afterwards. Another great place to practice this skill is on the job. Suppose you are ready to go home after a hectic day at work, and you suddenly find out you have to stay late because someone else didn't finish a job. Take one deep breath, think *RELAX*, and then say and do what is appropriate.

Many of my clients have reported to me an improvement in personal self-confidence simply from mastering the art of this technique.

When I speak in public on this topic, I end my presentation with a group meditation--so that it becomes experiential for my audience.

If you would like hypnotic help yourself with this skill, seek a competent hypnotherapist in your area; or, if you wish, you may order my cassette tape on *Stress Management* by sending \$12 to Roy Hunter, M.S., 30640 Pacific Hwy. S. #E, Federal Way, WA 98003. (I will give a volume discount in case you wish to give or sell my tapes to your clients.)

Also, if you choose to give or sell copies of my revised *Self-hypnosis for Empowerment* (or the original *Success Through Mind Power*) to clients, please write me a short note letting me know about client feedback.

Good luck!



CHARLES TEBBETS

Chapter 11

Concepts about the Subconscious taught by Charles Tebbets

There are some additional concepts taught by Charles Tebbets which I discuss with my students at various times throughout the entire course.

Although most of these concepts apply for therapeutic uses of hypnosis, I will cover those that Mr. Tebbets used to cover in his "Basic Hypnosis, 101" class.

Six Functions of the Subconscious

This material is summarized from Chapter 1 of *Self-Hypnosis and Other Mind Expanding Techniques* (Tebbetts), and is reproduced here as on the student handout for my class.

1. Memory bank (like a computer)

The mind creates and stores records of everything that happens to us; and hypnotic regressions tap into the storehouse of memories, etc., which may be lost to the conscious mind.

IMPORTANT: Do not attempt hypnotic regressions until you know how to facilitate a client abreaction and how to avoid leading a client.

2. Regulates involuntary functions (heart, breathing, etc.)

Hypnosis can alter involuntary functions, such as slowing the breathing and/or heart rate, etc.; but you should avoid

any dangerous experimentation. Also make certain to avoid unlicensed practice of medicine!

3. Seat of emotions

When we are in a state of emotion, we are propelled toward what we are imagining.

Said in a different way, emotion is the power source--or energy dynamo--of the subconscious. If two emotions exist at the same time, the dominant one wins out over the weaker one--such as in the example of the ball-player WANTING to hit a home run, but strikes out because of his more powerful fear of doing so. Caught in the fear, if he imagines striking out, he is more prone to doing just that, as the idea of missing the ball is energized emotionally right into the subconscious.

4. Seat of imagination

Imagination is the language of the subconscious, and imagination always seems to win out over will power. A person knowing it is safe to fly still might not feel safe. And people who are afraid of the dark could be reacting to something being imagined.

5. Controls habits

Nature abhors a vacuum, so new habits must replace old ones. Some habits are easy to eliminate; others are held tenaciously by the subconscious, and require hypnotherapy techniques to discover and remove the causes.

6. Dynamo--directing energy that motivates us

The subconscious can be your master or your servant. And, as Charles Tebbetts says:

The subconscious does not think--it merely reacts!

The Five Methods of Subconscious Programming

Charles Tebbetts referred to these as the *five principles of convincing the subconscious*. They are only briefly covered here, as I incorporate them into my "benefits approach" for habit control and motivation--and I show how that is done in Part II of this work, *The Art of Hypnotherapy*.

Repetition

Repetition is the slow, hard way--but given enough times, it will work, providing there is not any strong subconscious resistance.

Authority

Those in positions of authority, be they parents, teachers, physicians, ministers, etc.--or the "authority" of proven statistics--can imprint our subconscious minds. Also, when we have either an instant desire to obey or rebel against a real or imagined authority, that is a subconscious reaction.

Desire for identity, or identification (ego)

Identification with others, such as peer pressure, groups, parents, etc., opens the subconscious to input. Each of us has a "child inside" that wants love, belonging, acceptance and recognition--and to avoid rejection. And sometimes we tend to do undesirable things just to get attention when we need it--even if the price for that attention is high.

Hypnosis/self-hypnosis

The fact that hypnosis helps change the subconscious is why there is an entire profession dedicated to the use of hypnotherapy to help people change their lives. But unintentional uses of self-hypnosis can also imprint the subconscious, such as people smoking while tranced out in front of the

T.V. set who suddenly find their ash trays filled with cigarette remnants--but do not remember smoking that much.

Emotion

Emotions, especially intense ones, can open the subconscious to deep and long-lasting impressions. An emotionally excited person can often overcome many obstacles in achieving a goal. Also, a painful attack from a vicious dog can leave a person with a phobia of dogs for life regardless of any conscious logic to change the phobia.

The Rules of the Mind

One of the very first handouts I received in Edmonds was on this subject. Since Charles Tebbetts gave me permission to reproduce it for all my students, I will include it here--just as written in his own words. (I discuss this material in detail at an all-day workshop and practicum for my students during the Basic Hypnosis class.)

The words of Charles Tebbetts are printed in italics.

My comments are in regular type.

Rule Number One

EVERY THOUGHT OR IDEA CAUSES A PHYSICAL REACTION.

Your thoughts can affect all of the functions of your body. WORRY thoughts trigger changes in the stomach that in time can lead to ulcers. ANGER thoughts stimulate your adrenal glands and the increased adrenalin in the blood stream causes many body changes. ANXIETY and FEAR thoughts affect your pulse rate.

Ideas that have strong emotional content almost always reach the subconscious mind, because it is the feel-

ing mind. Once accepted, these ideas continue to produce the same body reactions over and over again. In order to eliminate or change chronic negative bodily reactions we must reach the subconscious mind and change the idea responsible for the reaction. This is easily done with self-hypnosis and autosuggestion.

Charles Tebbetts believed that the mind could make you sick or keep you well. For example, he believed that a person could easily produce a headache just by imagining one. He also demonstrated the ultimate benefit of self-hypnosis when a stroke totally paralyzed him and left him unable to talk. Through self-hypnosis, he recovered and went on teaching hypnotherapy for many years afterward.

Rule Number Two

WHAT'S EXPECTED TENDS TO BE REALIZED.

The brain and the nervous system respond only to mental images. It does not matter if the image is self-induced or from the external world. The mental image formed becomes the blueprint, and the subconscious mind uses every means at its disposal to carry out the plan. Worrying is a form of programming a picture of what we don't want. But the subconscious mind acts to fulfill the pictured situation. "THE THINGS THAT I HAVE FEARED HAVE COME UPON ME."

Many persons suffer from chronic anxiety, which is simply a subconscious mental expectancy that something terrible will happen. On the other hand, we all know people who seem to have the "magic" touch. Life seems to shower them with blessings for no apparent reason, and so we call them "lucky." What seems to be luck is in reality POSITIVE MENTAL EXPECTANCY, a strong

belief that success is deserved. "WE BECOME WHAT WE THINK ABOUT."

Physical health is largely dependent upon our mental expectancy. Physicians recognize that if a patient expects to remain sick, lame, paralyzed, helpless, even to die, the expected condition tends to be realized. Here is where self-hypnosis can become the tool to remove despondency and negative attitudes and bring about a hopeful positive expectancy--the expectancy of health, strength and well-being, which then tends to be realized.

This is also called the law of expectancy. He told my class about a man who died while being bathed by a nurse, because he had a total expectation that if he were ever bathed, it would be fatal. Although the nurse scoffed at this man's belief and bathed him over his screaming protests, his expectation still produced a deadly result. (Mr. Tebbetts wrote about this case in the first chapter of *Self-Hypnosis and Other Mind-Expanding Techniques*.)

In order for a client to achieve a permanent success even with hypnosis, the expectation must somehow become positive for lasting success; otherwise, even if a smoker sees the best hypnotherapist in the world, if he or she *expects* to backslide, it is only a matter of time before the expectation will be realized.

When Charles Tebbetts used self-hypnosis to recover from his stroke, his recovery was permanent until the day of his death.

Rule Number Three

IMAGINATION IS MORE POWERFUL THAN KNOWLEDGE WHEN DEALING WITH THE MIND.

This is an important rule to remember when using self-hypnosis. REASON IS EASILY OVERRULED BY IMAGINATION. This is why some persons blindly rush into some unreasonable act or situation. Violent crimes based upon jealousy are almost always caused by an over-active imagination. Most of us feel superior to those who lose their savings to confidence men, or blindly follow a demagogue such as Hitler or are sold worthless stocks. We can easily see that such people have allowed the imagination to overcome the reason. But we are often blind to our own superstitions, prejudices, and unreasonable beliefs. Any idea accompanied by a strong emotion such as anger, hatred, love, or political and religious beliefs usually cannot be modified through the use of reason. In using self-hypnosis we can form images in the subconscious mind which is the feeling mind, and can remove, alter or amend the old ideas.

This is also called the law of conflict. Stated another way, **WHENEVER IMAGINATION AND LOGIC ARE IN CONFLICT, IMAGINATION USUALLY WINS.**

To explain this concept easily to a group of people, I often ask, "If a plank three feet wide and fifty feet long were placed one inch off the ground, and someone offered to give you ten thousand dollars for walking its length without stepping off--and it was a clear day with no breeze--how many of you have total confidence that you would successfully do so?" Now try putting the same plank between the twin towers of the World Trade Center and watch what happens to your confidence. The only thing that is different is the penalty for stepping off! However, because of the power of imagination, it would be dangerous even for me to walk across it in those circumstances--because my imagination

would be working overtime imagining the deadly drop to the pavement below.

I believe it is important to help my clients imagine total success before I bring them out of hypnosis--and I also suggest that they vividly remember the success that they have imagined.

Rule Number Four

OPPOSING IDEAS CANNOT BE HELD AT ONE AND THE SAME TIME.

This does not mean more than one idea cannot be remembered or harbored in your memory, but it refers to the conscious mind recognizing an idea. Many people try to hold opposing ideas simultaneously. A man might believe in honesty and expect his children to be honest, and all the while be engaging daily in slightly dishonest business practices. He may try to justify by saying: "All of my competitors do it, it's an accepted practice." However, he cannot escape the conflict and its effect upon his nervous system that is caused by trying to hold opposing ideas within himself.

When I was in college, my summer employer one year was a deacon in the Baptist church who prided himself on being an honest family man. His wife--who was one of my aunts--told me that her husband never swore, never drank, and always told the truth even when it hurt. But within one hour on the job, I heard more profanity than I normally heard in a month. Furthermore, his dishonest business practices--which reflected total greed--became a disillusioning shock to what sometimes goes on in the business world. And I might add that, true to what Charles Tebbetts said concerning this rule of the mind, my uncle could not handle the stress of his double standard--and he died young of a heart attack.

Rule Number Five

ONCE AN IDEA HAS BEEN ACCEPTED BY THE SUBCONSCIOUS MIND, IT REMAINS UNTIL IT IS REPLACED BY ANOTHER IDEA.

The companion rule to this is: THE LONGER THE IDEA REMAINS, THE MORE OPPOSITION THERE IS TO REPLACING IT WITH A NEW IDEA.

Once an idea has been accepted, it tends to remain. The longer it is held, the more it tends to become a fixed habit of thinking. This is how habits of action are formed, both good and bad. First there is the thought and then the action. We have habits of thinking as well as habits of action, but the thought or idea always comes first. Hence it is obvious if we wish to change actions we must begin by changing thoughts. We accept as true certain facts. For example, we accept as true that the sun rises in the east and sets in the west and we accept this even though the day may be cloudy and we cannot see the sun. This is an instance of a correct fact conception which governs our actions under normal conditions. However, we have many thought habits which are not correct and yet are fixed in the mind. Some people believe that at critical times they must have a drink of whiskey or a tranquilizer to steady their nerves so that they can perform effectively. This is not correct but the idea is there, and is a fixed habit of thought. There will be opposition to replacing it with a correct idea.

Now in advancing these rules, we are speaking of fixed ideas, not just idle thoughts or passing fancies. We need to alter fixed ideas or to use them. No matter how fixed the ideas may be or how long they have remained

they can be changed with either or both self-hypnosis and autosuggestion.

A child attacked by a vicious dog may get the idea that dogs are dangerous. If that idea persists, then the phobia becomes more sensitized every time a dog growls or barks at that child. Also, a person going up and down like a yo-yo with one diet after another can also become so sensitized to the idea of failing, that it becomes increasingly more difficult to believe in the ability ever to maintain control over his or her weight.

Rule Number Six

AN EMOTIONALLY INDUCED SYMPTOM TENDS TO CAUSE ORGANIC CHANGE IF PERSISTED IN LONG ENOUGH.

It has been acknowledged by many reputable medical men that more than seventy percent of human ailments are functional rather than organic. This means that the function of an organ or other part of the body has been disturbed by the reaction of the nervous system to negative ideas held in the subconscious mind. We do not mean to imply that every person who complains of an ailment is emotionally ill or neurotic. There are diseases caused by germs, parasites, virus, and other things attacking the human body. However, we are a mind in a body and the two cannot be separated. Therefore, if you continue to fear ill health, constantly talk about your "nervous stomach" or "tension headaches," in time organic changes must occur.

Psychosomatic illness is a fact. And most of us realize that prolonged stress can have a negative impact on our health.

Rule Number Seven

EACH SUGGESTION ACTED UPON CREATES LESS OPPOSITION TO SUCCESSIVE SUGGESTION.

A mental trend is easier to follow the longer it lasts unbroken. Once a habit is formed it becomes easier to follow and more difficult to break.

In other words once a self-suggestion has been accepted by your subconscious mind, it becomes easier for additional suggestions to be accepted and acted upon. That is why when you are just beginning with self-hypnosis and autosuggestion we suggest you start with simple suggestions. You can suggest that you feel a tingling sensation or a warm and pleasant feeling. When these have been followed you can move on to more complicated suggestions. You should begin now with the suggestion that you will automatically awaken from self-hypnosis in ten minutes.

This can also be called the rule of compound suggestion. Stage hypnotists frequently use compound suggestion for deepening the trance when using hypnosis for entertainment. On occasion I have used this same principle with a client to build expectation that the hypnotic suggestions to change a habit will be effective.

Rule Number Eight

WHEN DEALING WITH THE SUBCONSCIOUS MIND AND ITS FUNCTIONS, THE GREATER THE CONSCIOUS EFFORT, THE LESS THE SUBCONSCIOUS RESPONSE.

This proves why "will-power" doesn't really exist! If you have insomnia you've learned "the harder you try to go to sleep, the more wide awake you become." The rule is when dealing with the subconscious mind, TAKE IT EASY. This means you must work to develop a positive mental expectancy that your problem can be and will be solved. As your faith in your subconscious mind increases you learn to "let it happen" rather than trying to "force it to happen."

I frequently tell my clients that trying to use "will power" or self-discipline to quit smoking often comes across to the subconscious just like a high pressure salesman trying to force us to buy something we don't want. The subconscious can be persuaded, but it cannot be forced without resistance. And hypnotherapy is all about helping clients achieve goals that subconscious resistance prevents them from achieving on their own.

So... WHERE DO WE GO FROM HERE?

By now you should have enough information to help you learn enough of the art of hypnosis to be able to guide a willing client into that state; to successfully manage typical non-therapeutic aspects of hypnosis; to give suggestions that will help validate the trance state in the mind of your client; to have a grasp of ethics and potential pitfalls; and to awaken your client comfortably and completely.

When you develop confidence and competence in these areas--and are willing to practice hypnosis with integrity and a sincere desire to help your clients--you are ready to learn hypnotherapy techniques.

My students have gone through the information presented in these eleven chapters by the time they finish the first three months of the nine-month Charles Tebbetts

Hypnotism Training Course. In addition to weekly classes, they attend an all-day workshop, read a book about hypnosis or hypnotherapy, write a review (and provide other students with copies), and must complete twenty-four non-therapeutic hypnosis practice sessions--mostly with other students.

Sometimes students become anxious to get into the second quarter and past the basics; but most seem to appreciate the time spent in basic training--as has been evidenced repeatedly by class evaluations from well-educated professionals who have taken the Charles Tebbetts Hypnotism Training Course.

Understanding their quest for information, however, I will frequently *preview* part of the Intermediate course through a brief discussion of hypnotherapy with an introduction to the legendary parts therapy taught and used by Charles Tebbetts.

At the request of my original publisher for the first edition of this book, I've also done likewise for you, the reader, by adding another chapter to Part I.

Chapter 12

Introducing the Art of Hypnotherapy

As mentioned at the conclusion of the last chapter, my students usually get a preview of the art of hypnotherapy before completing *Beginning Hypnosis*. So now I'll preview *The Art of Hypnotherapy* (with a preface by Joyce Tebbetts), which teaches *diversified client-centered hypnosis*. It is also available from Kendall/Hunt Publishing. This chapter overviews my second book (Parts II & III of the Charles Tebbetts Hypnotism Training Course), and previews my mentor's legendary *parts therapy*. Here's the Table of Contents...

Preface (by Joyce Tebbetts)

1. Introduction to Hypnotherapy
 2. The Preinduction Interview
 3. The Benefits Approach
 4. Scripts for Progressions
 5. Anchoring and Triggers
 6. Hypnotic Uncovering Techniques
 7. Regression Therapy
 8. Parts Therapy
 9. Other Rapid Change Techniques
 10. Phobias
 11. Putting It Together
 12. A "Miracle on Demand"
 13. Past Life Regressions (possible explanations, ethics & techniques)
 14. Peak Performance
 15. Motivation Mapping
 16. Sources of Subconscious Motivation
 17. Common Potential Applications of Hypnotherapy
 18. The Journey Continues
- Suggested Reading, followed by the Index

I'll again remind the reader that *all hypnotherapy employs the use of hypnosis; but not all hypnosis is hypnotherapy*.

So... Just What Is Hypnotherapy?

Let's begin with an overview of the first chapter, which looks at what Mr. Tebbetts presented on the third page of *Miracles on Demand* (2nd Edition):

Hypnotherapy works on the principle that most maladaptive behavior is the result of inappropriate adaptive responses chosen to attain infantile needs which are no longer necessary to an adult. The role of the hypnotherapist is usually to shift the client's interpretation of her environment from that necessary to a child to that appropriate to an adult.

He goes on to point out that while traditional therapies deal with symptoms on a cognitive or intellectual level (dealing with the conscious mind), hypnotherapy bypasses the critical factor of the conscious analyzing mind and goes right to the subconscious--which is the seat of the emotions as well as the storehouse of memories. To effectively do this requires a working knowledge of a variety of effective hypnotherapy techniques as well as both confidence and competence with the art of hypnosis--not only in guiding a client into hypnosis, but also in knowing how to keep him/her deep enough to obtain results.✕

In my opinion one could simply define hypnotherapy as: *the use of hypnosis or any hypnotic technique to enhance goal achievement, to enhance motivation or change, to enhance personal or spiritual growth, and/or to release clients of problems and the causes of problems.*✕

I believe that this simplified definition is true whether the use for hypnotherapy is medical or non-medical, as medical symptoms can also be called problems--whether removed by a physician directly, or by a trained hypnotherapist working under a physician's referral or direct supervision.

How Can Hypnotherapy Resolve Problems?

Let's briefly overview hypnotherapy for problem resolution. According to my mentor, there are four basic steps to resolving a client's problem and/or changing an undesired habit. He taught them in class, and discussed them in both editions of *Miracles on Demand*. These are summarized in Chapter 2 of my next book, and woven in throughout the rest of the text; so I'll discuss them here.

The first step is simply to use *direct or indirect suggestion* during hypnosis. This may be sufficient only if the *motivating desire is strong*, unless the problem stems from a traumatic experience. Simply hypnotizing someone and relying on the power of suggestion alone is what Charles Tebbetts called "bandaid therapy." It may or may not make a difference; and the changes may only be temporary--as sometimes happened with the 19th Century pioneers of hypnosis who relied totally on prestige suggestion alone. Sometimes simply changing the response to a trigger can help a client replace one habit with another, such as one deep breath to replace a cigarette. Various imagery techniques can also be employed to enable the client to imagine fulfillment of his/her goal as well as the desired accompanying benefits of success, including those employed in the *benefits approach* (Chapter 3).

The second step is to use one (or more) of many various hypnotherapy techniques to *discover the cause* of a problem. The cause, or memory, is provoked--along with accompanying feelings--which the client is allowed (but not forced) to feel. This is easily accomplished while a client is in the state of hypnosis; but this step should only be employed when you know how to competently facilitate client abreactions. Parts therapy, regression therapy, and/or numerous other techniques can be used for this step as well as for the next two steps. Also we should note that most techniques designed to discover (or uncover) the cause of a problem may result in a

hypnotic regression. Even indirect suggestion scripts designed to make this process happen at a subconscious level still could result in client abreactions. Also note that some causes of problems may be *present* unresolved issues rather than past ones (and may require other help besides hypnosis). An entire chapter of *The Art of Hypnotherapy* (Chapter 6) is devoted to various techniques taught by Charles Tebbetts to help uncover causes of subconscious resistance; and Chapter 7 is devoted exclusively to hypnotic regressions.

The third step is to *facilitate release* from the cause of the problem. In order to pave the way for release, we must first *establish the relationship* of the cause of the problem at both an emotional and logical level. Release of a client's present unresolved issue may require other professional help besides hypnosis. Also, such release may either be from actual memories of real past events, whether conscious or repressed, or from *perceptions* of events which may have been altered by the subconscious through the years. If those past perceptions are *released and forgiven*, it normally won't be necessary to wade through all past perceptions to sort out the real memories from the distorted or false memories. This process is detailed in the regression chapter of *The Art of Hypnotherapy*, along with some important information concerning the difference between guiding and leading.

Release of relevant past event(s) or perceptions can usually be accomplished through forgiveness. Also, since we cannot hope for a better past, we might as well *forgive*--and put our energies into building a better present and future! Besides facilitating release, competently facilitated hypnotic regression usually leads the client right into the next step.

The fourth step is to find a way to *facilitate subconscious or emotional relearning* which will allow the client to make future decisions unencumbered by the formerly repressed material and/or negative beliefs. Mr. Tebbetts taught a

variety of techniques to help accomplish this. Some of the various techniques taught by my mentor to facilitate both release and *relearning* include parts therapy, regression therapy, Gestalt therapy, verbalizing, open screen imagery, indirect guided imagery, implosive desensitization, systematic desensitization, object projection, and more. *Several* chapters of *The Art of Hypnotherapy* explain these very effective client-centered techniques.

Are All These Steps Necessary?

The answer varies from person to person, because each client is different and has his/her unique personality. Even Charles Tebbetts admitted that the first step was sometimes sufficient for motivation and some habit changes--and was *frequently* sufficient to help people quit smoking.

My own *Benefits Approach* is an effective way to strengthen the motivating desires in a positive way through the use of hypnotic *progression*--which often gets results with little or no need of regressions or parts therapy, thus utilizing only the first step. Remember, however, that some people will require all four steps--and if you are not trained in hypnotic regressions, nor unless you understand the handling of abreactions, then be prepared to *refer some of your clients* to those who are qualified and trained in techniques that take a client through the last three steps.

Some people, especially facilitators of large groups, often use aversion techniques, thus skipping the last three steps. For example, smokers are shown graphic pictures of diseased lungs, etc., and then told in hypnosis to visualize disease. This leaves one to wonder what potential consequences can happen to the person still smoking if the mind indulges in constant negative images??? (See my comments on p. 138 & 155.) To all who do group sessions--please *REFER your participants for the necessary appropriate followup* and create a win/win for all. Please help support the local hypnotherapists.

Now let's wrap up my comments about the four steps. Just knowing what the steps are is not nearly as important as knowing how to *competently* use any technique to facilitate client success! That is especially true of the parts therapy that helped make Charles Tebbetts become a living legend during his lifetime--so let's preview it now.

Preview of Parts Therapy

Before I provide an overview of parts therapy, I must precede this chapter section with a warning!!! *Please do NOT use parts therapy unless or until you have received competent training in BOTH regression therapy and parts therapy.*

My mentor believed that we all have various aspects of the personality, which he called *ego parts*. And in the hypnotic state, one may actually call out these various "parts" of the personality and facilitate dialogue.

Wise and appropriate use of parts therapy can help the client with inner conflicts come to internal resolution--but it is extremely important that such dialogue be *totally client-centered* rather than therapist-directed or ego-centered! It's important that the therapist *avoids* forming pre-conceived opinions about the cause(s) of the problem, as the opinions could be projected into the client and taint the trance. (Often this is more difficult for the trained diagnostician than it is for the hypnotherapist who does not diagnose!) The subconscious may come up with an entirely different cause than the one that may be arrived at by either client or therapist through conscious discussion prior to hypnosis. In an article written about parts therapy by Mr. Tebbetts, he stated that the therapist takes the role of *arbitrator*, staying objective.

Parts therapy is by far the most complex technique taught by Charles Tebbetts, involving an entire hypnotherapeutic process. A very lengthy Chapter 8 is devoted to it in *The Art of Hypnotherapy*.

Examples of Clients with Successful Parts Therapy

One of the most profound examples of a successful client of parts therapy is a man I know personally who experienced a session with Charles Tebbetts in the late 1980's.

His real name is Scott, and he lives near Seattle. He had a medical problem which he saw Charlie for, and the subconscious revealed it to be related to his drinking. Scott told me that he was *determined* to make a change (and his own commitment to making a change was very important!), yet he felt that traditional therapy was not helping him. Just one session of parts therapy helped him discover a great deal about himself. His subconscious told him why the subconscious originally produced epilepsy; but when that cause was released, the subconscious then gave a second reason for keeping it as an adult: *drinking*. That part of him wanting to drink was told by another part that if he gave up drinking, he could be released from epilepsy. I recently obtained a copy of the therapy session on videotape, along with his permission to discuss his case in my book. I show this tape to my own students during the Advanced Hypnotherapy segment of my course. Chapter 12 of *The Art of Hypnotherapy* contains most of the actual script from the session itself. Not only has Scott remained sober (as of the 2nd edition of this book), he has not had even one seizure since his session!

Charles Tebbetts wrote about numerous case histories with parts therapy in his book, *Miracles on Demand*--which I hope comes back into print again sometime. All of the case histories he wrote about were documented on videotape. Even though some of them may have become lost, I still have a few videotapes in my possession--which Charlie personally gave to me while he was still living. They are shown in my classroom at Tacoma Community College.

Here are some of my own client successes. (The names are changed to protect client confidentiality.)

Ron, an overweight client who was self-employed, had an inner child that felt he was working too hard--so excess junk food was his recreation until he agreed to balance his life by taking more time for personal fun and recreation.

Betty, an overweight counselor/therapist, had a part (like Ron did) making her fat by overeating in order to punish her for working too many hours and not taking time for herself.

Linda, a smoker, failed to respond to my usual benefits approach. One part wanted to live long and prosper, while another part felt compelled to make a statement of rebellion against society manipulating her into quitting. This same part really wanted choice--so when another part of her convinced her that she was actually being manipulated into smoking by other people's prejudice, she realized that she was giving her power of choice away every time she lit up!

Ted, an insurance salesman afraid of rejection, was in conflict with his desire to reach sales quota--because his father imprinted him with the belief that successful sales people are dishonest. This resulted in regression therapy.

Joan was a work-a-holic professional woman who lacked confidence and felt compelled to "prove her worth in a man's world" simply because a part of her was angry at her father for wishing she had been a boy. A more spiritual part told her to forgive Dad and get on with her own life.

Randy was a hypnotherapist who felt unworthy to be in this profession. He had a perfectionist part that felt nothing was good enough unless it was done perfectly.

Bill was a realtor who kept getting bogged down with too much paperwork even in prospecting habits, because as a child he had been told repeatedly, "Don't do a job unless you do it right!" And his subconscious made him work twice as hard as necessary until his parts came to terms of agreement.

Get trained first

Effectively facilitated, parts therapy is one of the most profound techniques available for facilitating change. But *do not attempt parts therapy until you have been trained in all the steps!!!* Skilled use of parts therapy incorporates other hypnotherapy techniques and/or results in spontaneous hypnotic regressions. Mistakes made by those who shortcut proper training can leave a client confused, disoriented, or worse. For example, simply forgetting to explain the concept properly to a client in advance could leave him/her fearing multiple personalities! Or if the therapist makes a part angry by trying to force it to change, the client could actually get worse--and experience has proven that people with advanced degrees are not immune to making such mistakes.

This chapter was meant simply to *introduce* you to the concept of parts therapy--*not* to make you an expert. Again, I urge you to get actual training before using it; or, at the *very least*, read *The Art of Hypnotherapy* first.

As my schedule permits, I will make myself available to those who wish "hands-on" training of all or part of my course. Contact me directly if interested at (206) 927-8888.

In Conclusion

If you are already a trained and certified hypnotherapist, I hope your time invested in reading this information I teach in Basic Hypnosis still proves to be a worthy investment for both you and your clients. Hopefully you've learned a few new techniques and/or a better way of perceiving hypnosis. Perhaps this book can be an easy-reading reference guide.

If you are a hypnosis student, I strongly recommend that you seek "hands-on" training from a certified hypnotherapy instructor who is familiar with what is presented in this book, and whose course is credentialed by at least one national

hypnosis association. Avoid self-certifying instructors whose only certification is with an association they have a vested interest in. This skill is too important for "quick-fix" training by people only in it for quick profit.

And please DO NOT assume that you can adequately master an art just by reading about it! Be willing to allow an experienced hypnotherapy instructor to critique you as you demonstrate your hypnotic skills. And if you already have an advanced degree, please realize that higher education does not guarantee competency with the art of hypnosis. Based on your desired future uses of hypnosis as well as your own educational background, you may decide whether to seek training by those within the scientific community--or by those of us dedicated to the full-time profession of hypnotherapy, emphasizing its non-medical uses. Hopefully this book can help you make that choice if you have not already done so; and you can use it as a reference regardless of your choice.

So now your journey has just begun.

My next book teaches what I call *diversified client-centered hypnosis*, which is a multi-modality approach. You'll learn how to help clients sell success to their subconscious minds. You'll explore various client-centered techniques mastered and taught by my late friend and mentor, Charles Tebbetts--techniques to help discover and release subconscious resistance to success, and to help your clients become more self-empowered to achieve their goals, in order to *believe in their success!*

My next book closes with some comments and personal opinions about our profession's ongoing mission. It is written to help you learn the *art of hypnotherapy*.

The journey has just begun....

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ISBN 0-7872-2524-X



9 780787 225247



KENDALL/HUNT PUBLISHING COMPANY
Dubuque, Iowa